DCOA 2016 NEEDS ASSESSMENT

This Report was prepared by the Center for Aging, Health and Humanities at George Washington University with the support of a grant from the D.C. Office on Aging.

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September 30, 2016

DC Office on Aging Headquarters
500 K Street, NE,
Washington DC 20002

Dear Executive Director Laura Newland & DCOA Partners,

I would like to thank DCOA for commissioning the 2016 Needs Assessment which aligns with Age-Friendly DC Initiative. Through the Mayor's vision, the District of Columbia Office on Aging (DCOA) and its community-based partners play a key role in making our City a better place for the constituents who live here. The 2016 Needs Assessment provides an opportunity to highlight the needs of our older adults, persons with disabilities, caregivers, and service providers, as well as highlight successful programs.

The report includes primary research with residents and community stakeholders who provide services to older adults. It also provides data to address the present and changing demographics and needs within the wards. This information will prove to be instrumental as DCOA and stakeholders prepare to meet the diverse needs of the more than 107,000 older adults in DC.

The Center for Aging Health and Humanities at George Washington University utilized national and local research, focus groups, surveys, and interviews to assess the District's needs. Additionally, best practices from Age-Friendly networks are presented to provide future recommendations and direction for DCOA operations.

I would like to thank you for taking the time to review the 2016 Needs Assessment of older adults in DC.

Sincerely,

Beverly Lunsford, PhD, RN, FAAN

EXECUTIVE SUMMARY

PURPOSE

The DCOA 2016 Needs Assessment was conducted to:

1. improve overall agency efficiency,
2. identify high-value areas for improvement, expansion or innovation, and
3. implement a sustainable approach for establishing priorities and procedures to meet the needs of individuals 60 years and older in DC.

BACKGROUND

There are currently over 107,000 seniors living in DC, and about 17,500 (16.5%) utilize DCOA services and programs. The other 90,000 older adults who are not touched directly by DCOA services may still benefit from DCOA advocacy and DCOA information widely available to elders and their families. However, the extent to which DCOA advocacy and information impacts these older adults is unknown. Furthermore, the extent to which elders use their own purchasing power to access desired services (such as private case management, assisted living, even gym memberships) has not traditionally been measured nor considered as part of the aging services network. Assessing the adequacy or gaps in private market services has not been seen as within the purview of DCOA. This is also true for many services provided by other DC governmental agencies and for a wide array of health services funded through Medicare, Medicaid, and private insurers. In sum, the traditional view of DCOA's domain has been limited to the services DCOA itself provides or funds and to the clients receiving those services. However, this is only a part of the full scope of services that elders use to maintain and enhance their quality of life.

The DCOA client constituency may be roughly seen as three overlapping groups, each of whom has different needs and resources (see Figure 1). First are the well elderly who are living in the community and are hoping to maintain or enhance their quality of life. About half of the elderly in DC live alone. The needs of the well elderly are for information (i.e. advance care planning information, information about caregiving), support for enhancing quality of life (i.e. socialization, civic participation), preventive services to preserve health and functioning (such as fall prevention), support for staying in the community (i.e. accessible housing), and advocacy to address a variety of impediments to "age friendly" living.

The second group is the frail elderly. These are elders with significant health conditions that may bring them into frequent contact with the health care system. A third of DC elder residents are disabled, although the definition for frail and disabled is not precisely

equivalent. Many of the frail elders are home bound or socially isolated. Their needs are for tighter integration of health and social socials, for rapid delivery of services during crisis, and for sustained and coordinated support to keep them in community. Finally, there is the subgroup of elders with limited economic power. Currently, about one quarter of DC elders have incomes less than 150% of the federal poverty level. For these residents, poverty compounds age-associated problems by making it harder to afford basic services such as housing and food. Many of these residents contend with significant economic barriers that are not primarily about aging issues, but that are exacerbated by – and in turn exacerbate – the challenges of living well and happily as one ages.

Figure 1. DCOA Client Constituents

Finally, the stark contrast between the rapid increase in the elderly population and the static or declining governmental funding for aging services is well known. Faced with this, the challenge for DCOA is either how to prioritize services within the static pool of available funds, or how to advocate for new funding (including private market funding) that might keep pace with population growth.

FOCAL QUESTION

The focal question the DCOA 2016 Needs Assessment endeavors to answer is:

How do we serve more seniors, and/or serve seniors more effectively, including:

- Keeping seniors in their homes longer,
- Providing holistic array of services to optimize quality of life, and
- Ensuring the most frail and sick people are heard, more able-bodied individuals may be more able to advocate for themselves for resources.

The ***conceptual framework*** of the ten age friendly domains developed as part of DC's participation in the WHO Global Network of Age-Friendly Cities and Community Programs was utilized to address the questions posed by the DCOA 2016 Needs Assessment.

We supplemented these domains with two additional domains: food security and caregivers (Table 1).

TABLE 1. DCOA 2016 NEEDS ASSESSMENT 12 DOMAINS

1	Outdoor spaces
2	Transportation
3	Housing
4	Social participation
5	Respect & social inclusion
6	Civic participation
7	Communication & information
8	Community & health services
9	Emergency preparedness & resilience
10	Legal
11	Food Security
12	Caregivers

Three data pathways (Figure 2.) were used to collect relevant data addressing the focal questions:

- Surveys of seniors in DC, surveys of service providers, and focus groups with vulnerable populations;
- Interviews with key informants and thought leaders; and
- Identification of best practices

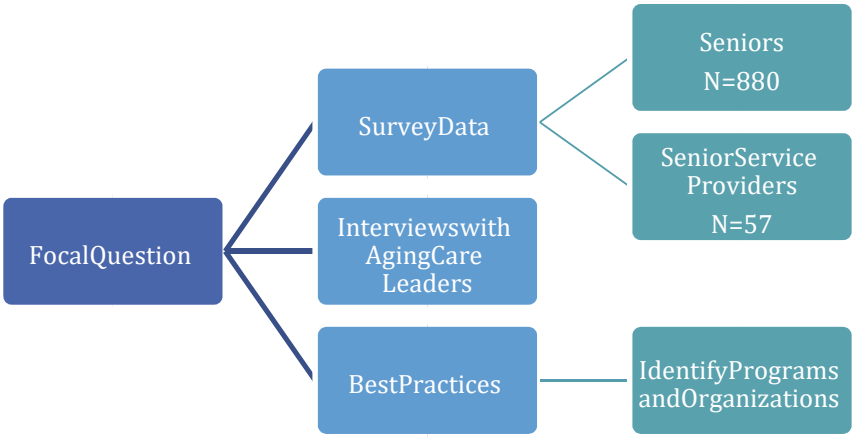


Figure 2. Data Pathways
Data Pathways

The **Senior Survey** asked seniors or their caregivers to rate each of 39 services on these dimensions:

- ***How important is this to you?***
  (Rated on a 4-point Likert scale from "Very important" to "Not at all important")
- ***If you have assistance, who assists you?***
  (Choices were family, friend, DCOA, religious organization, other write-in) Rated on a 5point Likert scale from "Very satisfied" to "Very dissatisfied")

- ***If you are not receiving assistance, why not?***
  (Choices*: "*Don't need", "Don't know how to get services", "Can't afford services", "Don't share financial information", "Never thought about this", "Family's responsibility to provide", "Other" write-in).

This report covers the analysis of 880 resident surveys completed online and in hard copy by September 15, 2016.

The **Service Provider Survey** mirrored the Senior Survey in the items queried. For each of the 39 services and/or activities, service providers were asked:

- ***How important is this to you?***
  (Rated on a 4-point Likert scale from "Very important" to "Not at all important")
- ***How satisfied are you with DCOA and Network Services currently offered?***
  (Rated on a 5-point Likert scale from "Very satisfied" to "Very dissatisfied")
- ***What are the challenges in offering this service/addressing this need?***
  Space was provided for open-ended responses.

The provider survey participants included 57 individuals who self-identified as providing services to older adults in DC.

Interviews with Aging Care Leaders were conducted with 13 key geriatric/gerontology healthcare providers in DC to elicit critical healthcare needs of older adults; to inquire about innovative and evidence-based practices either in use by, or known by, the contacts; to explore opportunities for collaboration with DCOA in caring for Seniors in DC. The interdisciplinary healthcare providers interviewed were practicing in DC hospitals, nursing homes, outpatient clinics, home-based geriatric primary care practices, hospice, front-line DCOA service professionals, and community outreach programs. Providers included physicians, nurse practitioners, social workers, registered nurses, community outreach personnel, and DCOA transitional care coordinators.

Best Practices were identified by reviewing professional literature, websites and organizational information. A search was conducted for best practices in each of the age friendly domains and the practices were evaluated based on the American Public Health Association's (APHA) Health in All Policies framework. These five criteria are: 1) Promoting health and equity, 2) Supporting inter-sectoral collaboration, 3. Creating co-benefits for multiple partners, 4) Engaging stakeholders, and 5) Creating structural or process change. Our final list of identified 165 best practices relevant to the age friendly domains of concern.

RESULTS

Demographics of survey respondents were comparable to all DC older adults:

- more likely to be female (77% survey vs. 60% all DC seniors)
- more likely to be African American (73% survey vs. 60% all DC seniors)

- more likely to have income below 150% of federal poverty level (31% survey vs 24% all DC seniors)
- same level of education with 13% no high school diploma and 61% at least some college
- equally likely to live alone (56% survey vs. 55% all DC seniors)
- equally likely to be disabled (30% survey vs. 33% all DC seniors)

Nearly one quarter of respondents were between 65 and 69, and 20% were between 70 and 74 years. Of seniors responding to the question *What health challenges do you face?*, the most commonly reported conditions were heart disease (including hypertension), hard of hearing, and diabetes mellitus. The distribution of respondents across the Wards in DC varied from 7% in Ward 3 to 18% in Ward 4. All Wards were represented with some overrepresentation by percent from Wards 1, 4, 7 and 8, some underrepresentation from Wards 2, 3, 5, and 6.

The respondents to the organizational survey mostly worked with private entities: nonprofit organizations (51%), and for-profit organizations (21%). The service areas in which they provided services were roughly equally distributed across all DC wards. Over half of respondents reported their provider organizations served DC exclusively, while the balance served the entire Metro area, including Maryland and Virginia suburbs of DC.

A Priority Ranking based on perceived importance and need was developed of each service by combining survey responses about importance (the question "How important is this to you?") with responses that indicated unmet need. The measure of unmet need was the proportion of respondents who said either "don't know how to get services", "can't afford services" or "won't share financial information" in response to the question "If you are not receiving assistance, why not?" Importance and unmet need were combined in equal weights to create a priority ranking score. The importance, unmet need and priority were examined in three sets of respondents: all respondents to the senior survey, only those who were seniors with disabilities, and only those with incomes less than $15,000 per year. The top four responses for all older adult respondents, older adults with low income (<$15,000), older adults who indicate they are disabled are illustrated in Figure 3.

	All Older Adult Respondents	Older adults with Low Income (<$15,000)	Older Adults who Indicate they are Disabled
1	Preventing Falls and other accidents	Knowing what services are available	Knowing what services are available
2	Knowing what services are available	Info/assistance applying for health ins. or Rx coverage	Preventing Falls and other accidents,
3	Keeping warm/cold as weather changes	Assistance applying for other benefits, e.g. SNAP	Info/assistance applying for health ins. or Rx coverage
4	Assistance with repairs and maintenance of my home or yard	Getting exercise that is good for me	Keeping warm/cold as weather changes

Figure 3. Top Four Services By Priority Ranking

MAJOR FINDINGS

More communication and information needed

- 85% of seniors and 98% of providers rated "Knowing what services are available" as *very important,* yet for every domain, 20% or more of seniors report they don't know how to access the service
- For every domain, a high proportion of older adults report "don't know how to get services." This ranges from one in four (24.5%) for the legal advocacy domain to one in eight older adults (12.1%) for the civic participation domain.
- Health care professional interviewees requested many improvements in DCOA service information, ranging from a "one stop shop" resource person at DCOA to more print and on-line information to presentations and training.
- Although almost all (95%) of provider respondents reported knowing about DCOA and its services, almost a quarter (22%) did not know about ADRC services.

No infrastructure for monitoring quality or unmet need

- Although providers reported perception of significant variation in quality between service providers, there is no system-wide data collection to assess either unmet need or quality of service.

Significant unmet need for services in many areas

- 75% of provider respondents said they could not adequately meet the needs of all their clients

- 40% of provider respondents reported maintaining a wait list to provide services, including subsidized handicap accessible housing, case management services, homebound services, emergency shelters, home modifications, delivery of meals for homebound clients, housekeeping services, delivery of medical supplies, and adult day care.
- Seniors' reported unmet need was high in all domains. Unmet need ranged from 39% in the housing domain to 36% in the communication/information domain to a low of 17% in the civic participation domain (employment and voting.)

Priorities differ based on senior situation

- *Knowing what services are available* and *preventing falls/accidents* rank among the top 5 priorities for all seniors overall and for the subgroups of seniors with disabilities and seniors with low income.
- Seniors with low income and seniors with disabilities rate *assistance applying for health insurance,* much more highly than do all seniors.
- Seniors with low income rate *assistance applying for other benefits*, and *getting exercise* much more highly than do all seniors or seniors with disabilities.
- Providers, both on the survey and in interviews, place a higher importance on services needed to meet urgent or emergent needs.
- On average, disabled and low-income respondents rate many more services as highly important (at least 3.0 on 4 point scale of importance). For all seniors, 27 out of 39 services were ranked at least 3.0. But seniors with disabilities ranked 35 services and seniors with low income ranked 36 services at least 3.0 in importance.
- On average, need is higher on many more services for seniors with disabilities or seniors with low income than for all seniors.

KEY RECOMMENDATIONS

As a result of our comprehensive review of the state of aging needs and services in DC, the consulting team identified key opportunities that cut across need domains. Faced with a fast-growing gap between the expanding need for services and public funding that is flat, DCOA needs to re-conceptualize its role beyond that of allocating and overseeing public monies to the service providers in each ward. DCOA needs to strengthen its capacity for advocacy and coordination so that it becomes a catalyst for helping a variety of actors, both public and private, foster healthy, fulfilled aging for all DC residents. This will require DCOA to increase its capacity to provide service level improvements, as well as key system-wide components. The five main recommendations are summarized below and are shown conceptually in Figure 4.

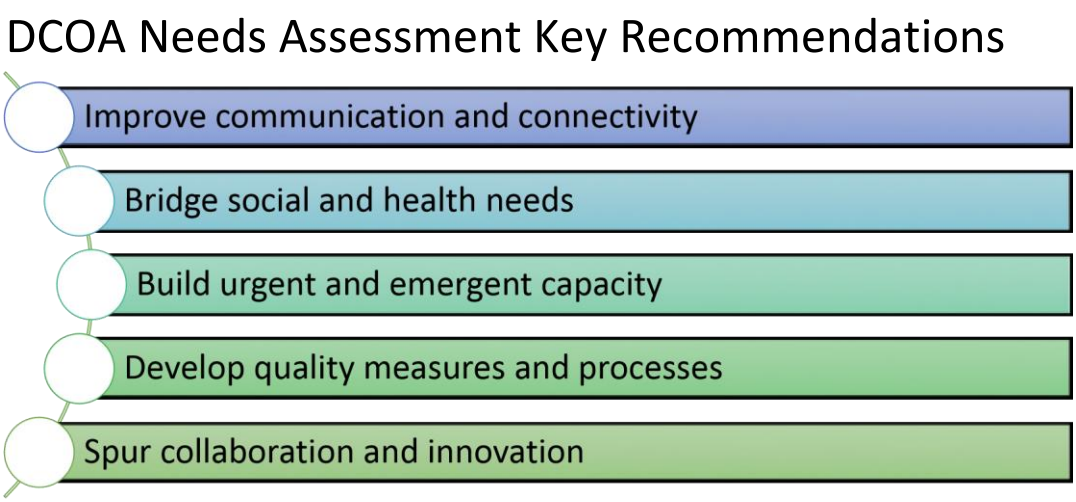


Figure 4. Recommendations from DCOA 2016 Needs Assessment

- ***Improve communication and connectivity*** among services/activities, DCOA, older adults, caregivers, families, and service providers for older adults in DC. ○ Develop a more robust DCOA website with Age-Friendly Navigation. ○ Establish a Virtual Senior Center to provide consistent and city-wide information regarding services offered.
    - Utilize Virtual Senior Center to provide city-wide interactive programming for exercise, socialization, arts activities, education, etc.
    - Extend/Leverage "No Wrong Door" Model to provide portal for comprehensive service access and rapid intake.
    - Extend collaborations with AARP and Villages as local and trusted source of information.

- ***Bridge social and health needs*** to more effectively address the health care needs of older adults and their families/caregivers, including healthcare, housing, food security, transportation and safe environments ○ Establish coalition of DCOA stakeholders and healthcare organizations to collaborate for coordinating and improving care and transitions for older adults, e.g. care management provided by the ADRC's could be coordinated more effectively with hospital programs, programs to reduce hospital readmission could be coordinated with DCOA supports and services.
    - Extend interprofessional DCOA team to include a Geriatric Advanced Practice Nurse to bridge social and broader health services, including chronic disease education and consultation.
    - Recognize importance of addressing chronic illness management in older adults as 4 out of 5 Americans over 50 suffer from at least one chronic condition, more than 50% have more than one and 20% have some form of mental illness (Centers for Medicare and Medicaid Services, 2006), which

precludes addressing social needs in isolation of physical and mental health problems.

- Address service improvements through recognition of the DCOA services as important social determinants of health, which are six domains, i.e. economic stability, neighborhood and physical environment, food, community and social context, and healthcare system. For example, food is a social determinant of health. What about food makes it a social determinant of health? An example is a neighborhood with quality grocery stores and access to three meals a day makes maintaining a healthy diet easier. Hunger and access to healthy options impact an individual's health. Living in a food desert or obtaining one meal a day impacts health outcomes. Collectively the six social determinants of health domains impact the mortality, morbidity, life expectancy, health care expenditures, health status and functional limitations of the District.

- ***Build urgent and emergent capacity*** for critical services ○ Improve ***transportation capacity and quality*** for older adults, especially sick and frail in DC.
    - Develop mechanisms for "urgent care" access to transportation.
    - Develop funding sources beyond DCOA to expand capacity; these may involve public/private partnerships, or collaboration with health care institutions.
    - Collaborate with other agencies/organizations who also provide these services to reduce gaps in transportation ○ Improve ***housing capacity and quality*** for older adults, especially sick and frail in DC.
    - Continue 'Safe at Home" to improve housing for older adults, including reducing fall risk and barriers that limit mobility.
    - Develop funding sources beyond Older Americans Act funding to expand capacity.
    - Expand public/private partnerships and collaboration with health care institutions. ○ Improve capacity to provide ***adequate and healthy foods*** for older adults, especially sick and frail in DC.
    - Ensure comprehensive nutrition services city-wide to provide dedicated expert nutritional providing nutrition information, assessment, and counseling to older adults (geriatrics), their families and caregivers on nutrition and feeding issues education for providers, older adults, families and caregivers, that include: unintentional weight loss or poor appetite; dementia-related feeding issues; dysphagia; diabetes nutrition management; chronic kidney disease nutrition; cardiovascular nutrition issues; weight management; tube feeding or oral calorie & protein nutrition supplements; wound healing; and, general healthy eating for seniors.
    - Utilize city-wide nutrition nutritionist who can write prescriptions for nutrition supplements, secure public and private additional funding and support to maintain an adequate supply of special supplements

(nutrition supplement bank at Capital Area Food Bank;
    - advocate for home delivered meals as part of EPD waiver services for FY18, and
    - Establish transitional care nutrition (hospital to home) to reduce compromised health condition and possible readmission.

- ***Develop quality measures and systematic process*** for measurement and evaluation of DCOA service quality, including monitoring unmet needs. o Select from available published measures to create a parsimonious panel of structure, process and outcome measures applicable to SSN.
    - Involve SSN in selecting the measures so that they feel the measures are useful in their operations, and not simply reporting for sake of reporting.

- ***Spur collaboration and innovation*** with current Senior Service Network (SSN) and other agencies that serve older adults in DC to increase and expand services.
    - Create an innovation incubator which would provide funding and technical assistance to help SSN agencies test and scale innovations.
    - DCOA would solicit innovations in target areas aligned with strategic plan.

CONCLUSIONS

The results of the DCOA 2016 Needs Assessment point out the significant challenges that DCOA faces as it plans how to stretch finite and constrained resources to meet a large and rapidly growing need. This study did NOT reveal any simple, quick fixes pointing to low priority services that can simply be dropped from the budget. Instead, the study suggests that an array of new approaches is needed to meet the challenges of serving DC's aging citizens. These approaches are not simple and may require investment of substantial time and resources. They may need to be staged, with full completion taking a number of years. We believe such effort will pay off in helping DCOA – and the associated aging services network - pivot from its historic role of serving pieces of the constrained contractual resources of the Older Americans Act pie, into a visionary agency that can marshal public and private energy to make enough pie to meet a larger portion of the need.

The recommendations relating to system infrastructure for communication, quality measurement, and innovation are all multi-year projects. Each could be a major initiative in itself. While there are some "low hanging fruit" within each area (such as having a system to track waiting lists at contractors), fully developing these systemic infrastructure capacities will not be quick. Nevertheless, we recommend beginning the planning for projects in the recommended areas soon, so that the needed system capacity for ongoing measurement of need, quality, and capacity to innovate to meet those needs will be supported.

The recommendations in the area of improving linkage and coordination between the traditional social services of the Senior Services Network (those services funded through Older Americans Act monies) and the health care system (mostly funded through Medicare, Medicaid and private payors) requires a fundamental shift in strategy for DCOA. As long as DCOA continues to see its predominant role as that of steward for the limited stream of DCOA funding and resulting services, it will remain limited in its capacity to fully achieve its mission of promoting "longevity, independence, dignity, and choice for older District residents, people with disabilities, and their caregivers."

Building on the advocacy role that is encoded both in the Older Americans Act and in DCOA's mission, DCOA can build bridges with healthcare providers so that healthcare and social services are more thoroughly linked from the perspective of both the service recipient and the provider. This approach should build on the evidence that integrated social and health services helps reduce the burden on the health care system (e.g. rapid inhome meal provision after a hospitalization can reduce readmissions). It could also help DCOA leverage its capacity for case management and service delivery in such a way that it could access additional funding from the health service sector. In its advocacy role, DCOA could serve as convener and catalyst to help the health service sector better serve the senior population. Launch of a PACE program is one obvious goal that should be implemented soon. Other possibilities – such as an integrated case management IT system through which both health care providers and social service providers could access up to date and comprehensive information on clients – can only happen with sustained and broad collaboration across the health care and social services sector.

Finally, in the area of prioritizing specific services that should receive more or less funding, we caution that there is tension between the urgent needs of those who are most in need at this moment vs the preventive approach that supports wellness and quality of life in order to prevent, delay, or ameliorate later deterioration of health and wellbeing. The evidence to support cost-effectiveness of widespread wellness and prevention efforts can be hard to come by because the payoff is far into the future compared to the immediate impact of providing urgent or emergent services during crises. But the goal of an age friendly city, which DC has embraced, will require attention to prevention and wellness as well as to capacity to intervene effectively in crisis. Finding the right balance within constrained funds will continue to be a challenge.

ABOUT DCOA

"The ***mission*** of the District of Columbia Office on Aging (DCOA) is to advocate, plan, implement, and monitor programs in health, education, employment, and social services that promote longevity, independence, dignity, and choice for older District residents (age

60 and older), people with disabilities (ages 18 to 59), and their caregivers" (District of Columbia Office on Aging, 2016).

"DCOA's ***vision*** for the future embraces a strategic direction that incorporates past goals and objectives, new and innovative programs that consider trends and baby boomer needs, as well as programs that work harmoniously with existing ones to enhance outreach, advocacy and coordination of services, and meet the special needs of low-income and multicultural populations" (District of Columbia Office on Aging, 2016).

DCOA BACKGROUND

The Older Americans Act (OAA) [Public Law 89-73 (79 Stat. 218)] signed in 1965, creates a system of services and supports that enable older adults to live independently in their community. This act enables the U.S. to support the quality of life by providing OAA services for people 60 years of age and older, people with disabilities 18-59 years of age, and their caregivers with special emphasis on prioritizing services for low socio-economic older adults (42 USC § 3025(a)(2)(E).

DCOA was established October 29, 1975, when the District of Columbia (DC) signed Law 124 establishing the DC Office on Aging (DCOA) and a Commission on Aging. Allocated funds from the federal OAA, Medicare program, and DC-Law 1-24 are administered through the State Unit on Agency (SUA)– DCOA. DCOA filed an exemption to serve as both the SUA, as well as the area agency on aging (AAA). Eight states (AK, DE, NV, ND, NH, RI, SD and WY), including DC serve as both the SAA and the AAA and provide local resources and services.

FINANCIAL PROFILE

To provide services and programs for older adults, persons with disabilities and their caregivers, DCOA receives funding from at least three sources: federal grants, local appropriations, and intra-district funds from the DC Department of Health Care Finance. Federal OAA funding has been relatively flat over the past decade, failing to keep up with inflation and demand from a rapidly expanding older population. With the advocacy efforts of the DC Senior Advisory Coalition (SAC) and other members of the community, the District has increased intra-district funding for DCOA and its grantee agencies. Given the fiscal constraints and increasing demands on DCOA for services on DCOA, it is crucial to assess the critical needs of older adults and individuals with disabilities, strategically collaborate and identify respective comparative advantages of each partner, and to share best practices among service providers.

DCOA FOCUS

The DCOA State Plan goals for Fiscal Year 2017-2018 include:

- "Strengthen core program operations and service coordination,
- Promote awareness and access to long-term care services and supports offered in the
  District,
- Promote aging in place with dignity and respect, and
- Ensure the agency is driven by customer experience" (District of Columbia Office on Aging, 2016).

Challenges

- Growing population of Seniors;
- Growing need for services, e.g., food, transportation, affordable housing; • Uncertain nature of local and national economy; and • Federal spending cuts due to federal deficit.

DCOA OPERATIONS

The 2016 Needs Assessment was designed to provide a broad assessment of the DCOA operations to understand the programs, services and overall operations that affect the quality of services for older adults and their caregivers. The DCOA operations includes agency management (administrative support and the required tools to achieve operational and programmatic results) and the following areas.

CONSUMER INFORMATION, ASSISTANCE AND OUTREACH

This program offers three activities to provide information, assistance, and outreach for a variety of long-term care needs to older adults, adults living with disabilities, and caregivers about long-term care services and supports offered in the District.

- **Advocacy and Elder Rights –** provides legal support, advocacy for elder rights, and adult protective service activities for District residents age 60 or older that need assistance with relevant state laws, long-term planning, complaints between residents/families and nursing homes and other community residential facilities for seniors;
- **Assistance and Referral Services –** provides information on, connection to, and assistance with accessing home and community-based services, long-term care options, and public benefits for District residents age 60 or older, residents with a disability between the ages of 18 and 59, and caregivers; and
- **Community Outreach and Special Events –** provides socialization, information, and recognition services for District residents age 60 or older, adults living with a disability between the ages of 18 and 59, and caregivers in order to combat social isolation, increase awareness of services provided, and project a positive image of aging.

HOME AND COMMUNITY-BASED SUPPORT

The home and community-based support program offers seven activities that provide services for District residents who are 60 years of age or older so that they can live as independently as possible in the community including: 1) health promotion, 2) case management services, 3) nutrition, 4) homemaker assistance, 5) wellness, 6) counseling, 7) transportation, and 8) recreation activities.

- **Caregivers Support –** provides caregiver education and training, respite, stipends, and transportation services to eligible caregivers;
- **Day Programs** – provides day programs through adult day health and senior centers, which allow District residents age 60 or older to have socialization and access to core services;
- **In-Home Services –** provides home health and homemaker services for District residents 60 years of age and older to help manage activities of daily living;
- **Case Management (CM) –** provides core services and supports, such as case management and counseling services, for District residents age 60 or older, residents with a disability between the ages of 18 and 59, and caregivers; note that on or before December 31, 2021, CM services will be provided solely by DACL staff and not the Lead Agencies
- **Senior Wellness Centers and Fitness –** provides socialization, physical fitness, and programs that promote healthy behavior and awareness for District residents age 60 or older;
- **Supportive Residential Services –** provides emergency shelter, supportive housing, and aging-in-place programs; and
- **Transportation –** provides transportation to life-sustaining medical appointments and group social and recreational activities for District residents age 60 or older.

NUTRITION SERVICES

This program offers four activities including meals, food, and nutrition assistance to District residents 60 and over to maintain or improve their health and remain independent in the community.

- **Community Dining –** provides meals in group settings such as senior wellness centers, senior housing buildings, and recreation centers for District residents age 60 or older;
- **Home-delivered Meals –** provides District residents age 60 or older who are frail, homebound, or otherwise isolated meals delivered directly to their home;
- **Nutrition Supplement –** provides nutrition supplements each month for District residents 60 and over who are unable to obtain adequate nutrition from food alone; and
- **Commodities and Farmers Market –** the Commodity Supplemental Food Program provides a monthly bag of healthy, shelf-stable foods to low-income District residents; the Senior Farmers Market Nutrition Program provides vouchers to

participants in the Commodity Supplemental Food Program to purchase fresh produce at local farmers markets.

DEMOGRAPHIC CHARACTERISTICS OF SENIORS IN DC

The DCOA 2016 Needs Assessment was designed to target the population of individuals in DC who are 60 years and older. Demographic characteristics of older adults living in DC are illustrated in Table 2. In addition, there were considerations for reaching older adults who currently use DCOA services and those who are not using DCOA services, older adults who are homebound, and a good representation of older adults across all wards of the city.

DEMOGRAPHICS OF OLDER ADULT POPULATION

TABLE 2. DEMOGRAPHIC CHARACTERISTICS OF OLDER ADULTS IN DC

Female[3]	60%
Male[3]	40%
African American[1]	60%
Caucasian[1]	36%
Hispanic[3]	4%
Asian[1]	2%
Poor (~ below 150% FPL)[1]	24%
Live Alone[1]	55%
Disabled[1]	33%
Education Level[1]	
0-11 No diploma	14%
High School diploma	24%
Some college or >	62%
Ward Distribution[1]	
Ward 1	8.8%
Ward 2	10.3%
Ward 3	16.3%
Ward 4	15.6%
Ward 5	14.1%
Ward 6	12.9%
Ward 7	13.2%
Ward 8	8.9%
Top 3 causes of mortality[2]	Heart disease Cancer Cerebrovascular disease

Sources:
1: U.S. Census Bureau (2015)
2: District of Columbia Department of Health (2014a)
3: DCOA (2008, p. 2)

POPULATION GROWTH FOR SENIORS IN DC 2000 – 2010

The senior population increased in seven of the eight wards (see Table 3), for a total of 9% growth overall from 2000 to 2010.

TABLE 3. WARD COMPOSITION & GROWTH 2000-2014 AMONG ADULTS AGED 60 YEARS +

	WARDS								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**TOTAL**
2000	7,727	8,346	13,454	16,906	15,021	10,579	13,059	6,788	***91,800***
2010	8,091	9,914	16,146	16,049	15,530	11,095	13,183	8,504	***98,512***
2014 (est.)	9,441	11,058	17,581	16,771	15,204	13,848	14,200	9,589	***107,692***
% of age group	9%	10%	16%	16%	14%	13%	13%	9%	--
Change *(20102014 est.)*	17%	12%	9%	4%	-2%	25%	8%	13%	***9%***

Source: U.S. Census Bureau (2015)

The population of older adults in DC is projected to grow to 17.4% by 2030 (District of Columbia Department of Health, 2014). Urban Institute's Interactive Population mapping with age and race trends from 2000-2030 projects increases in 65 and older population, as well as the 50-64 year-olds (Urban Institute, 2016). Additional population projections for individual over the age of 60 indicate increases among all races (white, black, Hispanic, and other races) from 2010- 2030.

ECONOMIC LEVEL AND INCOME INEQUALITY

Older adults are less likely than working-age adults to be poor by the government's traditional poverty measure the federal poverty level (FPL), developed in the 1960s; however, the FPL understates the extent to which older adults live in poverty. The government developed an alternative scale in 2011, known as Supplemental Poverty Measure (SPM), and when used, the rate of poverty among older adults is considerably higher (Altman, 2011). A Kaiser Family Foundation analysis from 2011-2013 reports the percent of DC older adults with incomes below 100% of poverty level using the official measure was 16% and 25% when using the SPM (Cubanski, Casillas, & Damino, 2015). The percent of DC older adults with incomes below 200% of poverty was 37% and 57% using SPM (Cubanski, Casillas, & Damino, 2015).

The Gini index is a measure of income inequality. A Gini index of 0 represents perfect equality, while an index of 1.00 implies perfect inequality. Since 1969, the District of

Columbia's Gini index is the highest in the nation, ranging from 0.425 to 0.562 indicating higher inequality.

POPULATION DISPARITIES

There are increasing disparities for the DC older adult population in income levels across the wards. The differences are further illustrated by disparities in life expectancy and disease burden. Wards 2 and 3 life expectancy is 85.9 years and 85.1 years, respectively, while ward 8 has the lowest life expectancy at 70.2 years (District of Columbia Department of Health, 2014). Additionally, there are known disparities between race and diseases, such as Alzheimer's and cerebrovascular disease that can be analyzed at the ward level. Additional health disparities exist between races in DC. Examples include:

- *Life expectancy:* Hispanic females is 88.49 years and non-Hispanic black males is 68.6 years;
- *Cerebrovascular diseases:* African Americans are over three times more likely to die from cerebrovascular diseases;
- *Obesity:* African Americans have the highest obesity rates, and are less likely to exercise or consume the recommended serving of fruits and vegetables in the District (District of Columbia Department of Health, 2014).

The data from the Department of Health further substantiates the findings in the 2016 County Health Rankings Key Findings Report that indicates that where one lives "is a fundamental cause of health disparities" (University of Wisconsin Population Health Institute, 2016).

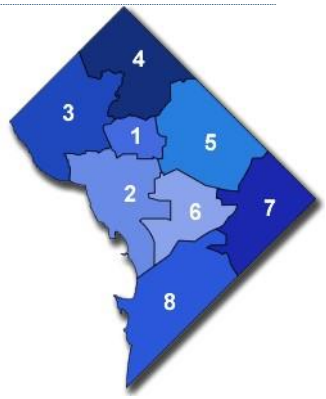
This disparity is most evident in the eight distinct wards that comprise DC. The racial composition, educational attainment and poverty rates in the eight wards can be seen in Table 4.

TABLE 4. WARD-SPECIFIC RACIAL, EDUCATIONAL, INCOME CHARACTERISTICS

	WARDS							
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
African American	31.4%	9%	6%	58.6%	72.8%	36.7%	94.4%	93.7%
Caucasian	54.7%	74.7%	82.2%	26.1%	18.3%	54.1%	2.5%	4.3%
Asian	4%	9.8%	6%	1.9%	1.8%	4.6%	0.2%	0.3%
% in Poverty	12.9%	12.4%	9.9%	13%	20.4%	14.5%	26.3%	37.4%
High school diploma or>	87%	95%	97.3%	87%	85.6%	91.5%	82.8%	82.1%
Bachelor's degree or >	63.7%	82.7%	85.4%	45.3%	36.3%	66.5%	16.1%	13.6%

Source: DC Office of Planning (2016, p. 46-48)

Wards 7 and 8 have the highest rates of poverty and a lower educational attainment level when compared to Wards 2 and 3. The demographic composition of Wards 7 and 8 are primarily African American while Wards 2 and 3 are primarily Caucasian. The social determinants of health such as residential segregation, quality of education, and socioeconomic conditions influence population health outcomes. Older adults residing within the District of Columbia have a diverse set of health and wellness needs that is reflective of the diverse population.



More specific information on the eight wards and their characteristics is in Appendix 2.

DCOA SENIOR SERVICES NETWORK

The 2016 Needs Assessment was targeted to assess the programs and services funded by DCOA, including the Aging and Disability Resource Center (ADRC) and the Senior Service Network (SSN), which together consist of more than 20 community-based nonprofit organizations, operating more than 40 programs for older District residents (age 60 and older), people with disabilities (ages 18 to 59), and their caregivers. See Table 5, which lists the primary Senior Service Network Offerings. The 2016 Needs Assessment focused on individuals 60 years and older.

ADRC

DCOA's Aging and Disability Resource Center (ADRC), provides a coordinated system of information and access for individuals seeking long-term care services and supports. This is accomplished through the provision of information, counseling, and service access to older adults, individuals living with disabilities, and caregivers. The ADRC makes referrals to over 1,500 providers, programs, services, and other community supports including providers within DCOA's Senior Service Network (SSN).

ADRC provides a variety of direct services including:

- Alzheimer's Disease Initiative Grant,
- Caregiver Assistance: Lifespan Respite Care Program,
- Community Social Work,
- Community Transition,

- Housing Coordination,
- Information and Referral/Assistance, and
- Medicaid Waiver Enrollment.

LEAD AGENCIES

DCOA Lead Agencies are grantees within the Senior Service Network that provide core social and health services in each ward. Lead agency staff focus on serving older adults (ages 60 and over) and their caregivers, and ADRC social workers focus on assisting people ages 18-59 with disabilities and their caregivers. Lead agencies provide core supports to older adults in each service area, including:

1. Community Dining and Home Delivered Meals,
2. Caregiver Respite/Supplemental Services,
3. Comprehensive Assessment,
4. Counseling,
5. Health Promotion,
6. Nutrition Counseling and Education,
7. Socialization, and
8. Coordinate transportation to sites and activities.

SENIOR WELLNESS CENTERS

There are six Senior Wellness Centers (SWC) that provide programs to promote the health and wellness of residents 60 years and older, and serves a nutritious mid-day meal with a salad bar. SWCs offer health education and exercise classes, such as reflexology, disease management and prevention, nutritious cooking workshops and group Tai Chi. They also have social and recreational programs, such as intergenerational gardening, creative arts, and group trips. Although Wards 2 and 3 do not have physical SWCs within their geographic ward, residents from these wards can use SWC in other wards. During the September 2016 Advisory Neighborhood Commission 3B monthly meeting, proponents for expanding programs for older adults and virtual senior centers discussed advocacy efforts in these wards (Advisory Neighborhood Commission, 2016).

TABLE 5: SENIOR SERVICE NETWORK OFFERINGS

Adult Day Health	In-Home Support
Caregiver Supportive Services	Legal Services
Case Management	Long-Term Care Ombudsman
Community Group Meals	Nursing Homes

Counseling	Nutrition Counseling
Emergency Shelter	Recreation and Socialization
Fitness and Wellness	Respite Aid Services for Caregivers
Health Insurance Counseling	Senior Wellness Centers
Home-delivered Meals	Transportation

See Appendix 3 for a listing of District ADRCs and SWCs.

PROBLEM STATEMENT

Given the increasing percentage of adults in DC over 60 years in DC compared to younger age groups, and the decreasing financial resources in the DCOA budget available for services to older adults, DCOA is faced with the dilemma of how to provide more services with fewer resources. It was important to determine how to allocate the resources most effectively.

The purpose of this study was to:

- improve overall agency efficiency,
- identify high-value areas for improvement, expansion or innovation, and
- implement a sustainable approach for establishing priorities and procedures to meet the needs of individuals 60 years and older in DC.

INITIAL FOCUS GROUPS

The Center for Aging, Health and Humanities is the home of inter-professional faculty from the major universities in DC and community leaders in healthcare of older adults. To lay the groundwork for the study, The Center interviewed key DCOA staff, held roundtables with thought leaders of two interdisciplinary organizations who serve seniors, i.e. the **DC Senior Advisory Coalition** and the **Washington, DC Area Geriatric Education Center Consortium**. In addition, a preliminary review of literature was conducted to determine the primary question(s) to be answered by this study. The roundtables and preliminary review of literature indicated several key themes for the assessment including the need for integrated and holistic programs, including the following domains: education, physical, psychological, community relationship, social, spiritual, housing, social, environment. The DCOA 2016 Needs Assessment should help determine what services are needed to keep older adults in their homes longer.

DCOA staff and other leaders in care of older adults wanted to specifically target not only the older adults currently receiving DCOA services, but also previous service recipients and eligible older adults who have never received services. The focus group participants encouraged consideration of subgroups that included:

- ***People on wait lists*** for services,
- ***Neediest seniors*** who are often the quietest, the most hidden ones,
- ***Frail*** older adults who tend to have very different needs, and

Older persons providing care for spouses, parents, children, grandchildren, ***consider*** **caregivers' (formal/informal)** ***needs***, i.e. care for themselves and others, gaps in services

FOCAL QUESTION

As a result of these interviews, conversations, and review of literature, it was determined that the focal question to answer was,

How do we serve more seniors, and/or serve seniors more effectively, including:

- Keeping seniors in their homes longer,
- Providing holistic array of services to optimize quality of life, and
- Ensuring the most frail and sick people are heard, more able-bodied individuals may be more able to advocate for themselves for resources.

FRAMEWORK FOR THE STUDY

AGE FRIENDLY DC

Age Friendly Cities and Communities served to inform the DCOA 2016 Needs Assessment. Since 2012, DC has been incorporating the Age Friendly Cities and Communities to improve the quality of life for seniors in DC by joining the Global Network of Age-Friendly Cities and Community Programs. The DC Council passed a declaration of support entitled World Health Organization's (WHO) Global Network of Age-Friendly Cities and Communities Program Resolution of 2012. WHO developed this program using a bottom-up participatory approach wherein older adults in 33 cities from around the world were asked:

- What are the age-friendly features of the city they live in?
- What problems do they encounter?
- What is missing from the city that would enhance their health, participation and security? (WHO, 2007)

This resulted in the development of eight interconnected Age-Friendly domains. In addition, to the first eight Age-Friendly domains shown in Table 6. DC added domains 9 and 10. Within each domain features are identified that all persons, from toddlers to older adults, need to create an Age-Friendly city. For example, dropped curbs to allow strollers, walkers or wheelchairs to improve accessibility. Over the past four years DC has engaged the DC community, established a strategic plan, and strengthened collaborations to build Age-Friendly DC.

TABLE 6. AGE-FRIENDLY DC 10 DOMAINS

1	Outdoor spaces
2	Transportation
3	Housing
4	Social participation
5	Respect & social inclusion
6	Civic participation
7	Communication & information
8	Community & health services
9	Emergency preparedness & resilience
10	Elder Abuse, Neglect and Fraud

TABLE 7. DCOA 2016 NEEDS ASSESSMENT 12 DOMAINS

2	Transportation
3	Housing
4	Social participation
5	Respect & social inclusion
6	Civic participation
7	Communication & information
8	Community & health services
9	Emergency preparedness & resilience
10	Legal
11	Food Security
12	Caregivers

For the DCOA 2016 Needs Assessment, two domains, food security and caregivers were added (Table 7). Other adaptations were made to reduce redundancy in questions. Adaptations included: a) Social participation and respect/social inclusion questions were difficult to distinguish so they were combined; b) Elder abuse, neglect and fraud was expanded to include legal issues, such as advance directives and wills, and renamed as Legal Issues, and c) Emergency preparedness and resilience were not assessed in this Needs Assessment.

METHODOLOGY

Three data pathways were utilized to address the focal question for the DCOA 2016 Needs Assessment and Feasibility Study, "***How do we serve more seniors, and/or serve seniors more effectively***":

- Surveys of seniors in DC, surveys of service providers, and focus groups with vulnerable populations;
- Interviews with key informants and thought leaders; and
  - Identification of best practices.

Figure 2 illustrates the 3 pathways and methods for data collection:

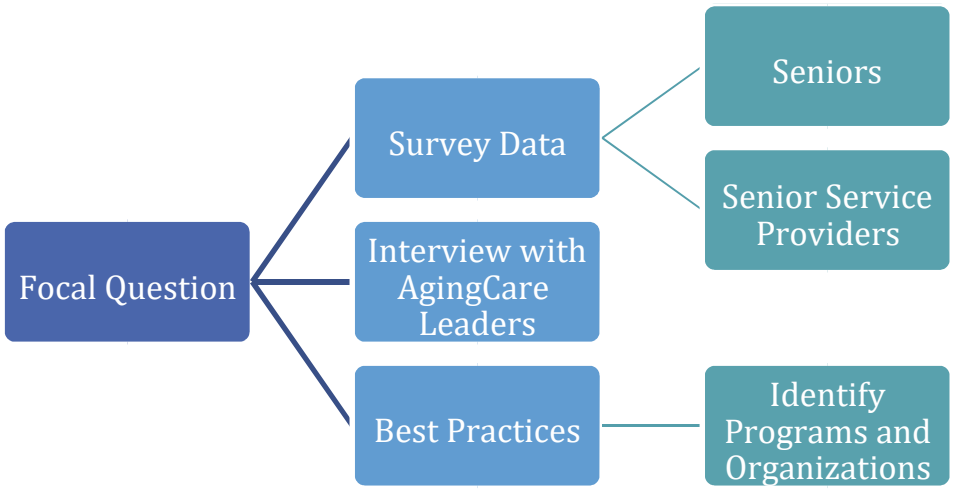


Figure2:DCOA2016NeedsAssessment

SURVEY PATHWAY

INSTRUMENT DEVELOPMENT

The first pathway of data collection to answer the focal question was to elicit information from older adults living in DC. Several instruments used by other state Offices on Aging were reviewed. Some tended to count the number of services seniors received and/or services provided by organizations serving older adults in the community. DCOA receives reports from providers on the type and quantity of services provided, so the type and quantity of services can be gleaned from that information. The focal question required a different type of survey. The Fairfield Older Adult Network Survey (FOANS) provided an interesting way to look at individual services and determine how important they were to the senior, as well as how they do/not receive assistance. Additionally, the reading level used in the FOANS was closer to current recommendations for using "plain language" in order to maximize understanding on the part of the general public. This tool structure was modified to accommodate questions relating to Age-Friendly domains.

Based on questions developed from the Age-Friendly Domains, the Senior Survey included 39 selected activity/ service questions for older adults and their caregivers to elicit importance, current help, and considerations about obtaining assistance.

- **How important is this to you?**
  (Rated on a 4-point Likert scale from *very important* to *not at all important*)
- **If you have assistance, who assists you?**
  (Selections of *Family, Friends, DCOA, Religious Organizations,* and *Other*)
- **If you are not receiving assistance, why not?**
  (Selections of Don't need, Don't know how to get services, Can't afford services, Won't share financial information, Never thought about this, Family's responsibility to provide, and Other)

See Appendix 4 and 5 for older adult and caregiver recruitment flier and survey.

TARGET POPULATION

While various internal and external stakeholders exist, this study endeavored to specifically include:

- Older adults and caregivers receiving services,
- Older adults and caregivers not currently receiving services,
- Older adults who are frail and homebound, and
- Older adults who are underserved and disadvantaged.

SENIOR SURVEY DISSEMINATION PLAN

The Senior Survey was distributed in hard copy with an online version (in Survey Monkey) for people who wanted to complete the survey electronically. The first page of the hard copy also served as an information page and flier for distribution via email and in person. If older adults were unable to fill out the survey themselves, a caregiver was encouraged to fill it out from the older adult's perspective. The survey was translated into six languages including: Spanish, Vietnamese, Korean, Amharic, Mandarin, and French to reach a diverse population.

To reach as many older adults in diverse settings as possible, service users and nonusers, several strategies were used for disseminating the surveys. The first wave of surveys was distributed through the DCOA Senior Service Network, i.e. DCOA Senior Wellness Centers, DCOA Lead Agencies and specifically the homebound meals programs to reach frail and homebound seniors. The second wave of surveys was distributed through the DC Department of Parks and Recreation, DC Public Libraries, Senior Advisory Coalition and the Washington DC Area Geriatric Education Center Consortium (WAGECC) listserv. The next wave for survey distribution was Senior Villages and faith-based organizations in DC. In addition, information about the survey was also made available to attendees of the 2016 Mayor's Symposium, barber shops and nail salons in Wards 7 and 8, and other miscellaneous programs. The survey was also publicized in the Senior Beacon. See Appendix 6 for a comprehensive listing of organizations that aided in survey distribution and collection.

A companion survey was constructed utilizing the Age-Friendly Cities and Communities framework that followed the same 39 services and activities that were listed in the Seniors Survey. The goal of these questions was to get a perception of unmet needs and priorities for service expansion. For the Service Provider Survey, there were 20 initial demographic questions about the service provider. Then questions were asked from the service provider's perspective about the 39 selected activity/ service questions in the Senior Survey to elicit importance, level of satisfaction with DCOA and Network Services currently offered and challenges associated with the service or need. The Service Provider Survey was constructed to query providers within the DCOA SSN and providers working within other organizations or agencies that serve older adults.

For each service and/or activity, service providers were asked:

- **How important is this to you?**
  (Rated on a 4-point Likert scale from *Very important* to *not at all important*)
- **How satisfied are you with DCOA and Network Services currently offered?**
  (Rated on a 5-point Likert scale from *Very satisfied* to *Very dissatisfied*)
- **What are the challenges in offering this service/addressing this need?** Space was provided for open-ended responses.

Four additional open-ended questions were included at the end to obtain information about major challenges in providing services for seniors in the past 5 years, major barriers in addressing the challenges, the percentage of funding the Service Provider's organization received from DCOA, and other sources of funding sought by their organization. See Appendix 7 and 8 for Senior Service Provider recruitment flier and Survey.

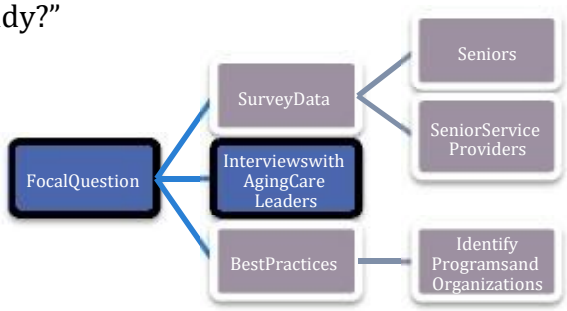
Information about the DCOA 2016 Needs Assessment and instructions for individuals to be able to participate was distributed through the same networks as the Senior Survey, including the DCOA SSN, and other organizations or agencies that provide services to seniors in the community, such as religious organizations, SAC and WAGECC members, and healthcare organizations. Emails were sent to leaders with a link to the survey through Survey Monkey. Service providers were offered the option of calling the research team and receiving a hard copy of the survey if they were unable to participate online, but no one requested that option.

Descriptive statistics were used to describe the survey respondents' characteristics. The remaining 39 questions relating to activity/ services are broken down into 3 questions. Results for seniors are reported as percentages indicating importance, if receiving assistance by whom, and if not receiving assistance, the reason for that. Similarly, results for providers indicate the importance of the activity, satisfaction with how DCOA is doing in providing the service, and challenges from the provider's perspective to providing the service.

There was a high non-response rate by older adults on the questions about who assists the older adult with a specific activity, or if they do not receive the service, why not. The research team interprets this non-response as likely indicating that the senior respondent did not feel they needed that service. The reader should be cognizant that the reported data are only for those respondents who answered any particular question.

INTERVIEWS PATHWAY

Initial focus groups with the Senior Advisory Coalition and the Washington DC Area Geriatric Education Center Consortium, which were conducted to help determine the focal question(s) that need to be answered by the study, provided additional contextual information for the study. Participants were invited to join a WebEx call with the focus group via the established listservs for each of these organizations. These participants were provided with the goals and objectives for the 2016 Needs Assessment that were established by DCOA. Then they were asked, "What do you think the major question(s) are that need to be answered by this study?"



Formal telephone interviews were conducted one-on-one with 13 ***healthcare professionals*** and other experts in care of older adults (including physicians, advanced practice nurses, social workers, nutritionist) using the Guide for Interviews with Healthcare Professionals in Appendix 9. Since a primary concern for stakeholders in this study was how to address the needs of older adults in DC so they can stay in their homes as long as possible (including individuals who are especially frail and vulnerable), it was imperative to gain a better understanding of their needs from healthcare professionals who are working on these issues as well.

The research team met with the ***DC Commission on Aging*** and DC Department of Parks and Recreation to obtain their input on the Senior Survey, dissemination to underserved and diverse populations, local constraints, and other best practices in the community.

BEST/GOOD PRACTICES PATHWAY

Determination of ***best practices*** to address the needs identified by the surveys and interviews was conducted in several ways. First, a review of literature was conducted for best practices in care of older adults, including seniors who suffer from multiple chronic illness and frailty. Then a search was conducted for states, organizations, and other programs trying to develop innovations to address critical needs of older adults. AARP refers to these as ***good practices*** instead of best practices because the replicability of the programs is dependent on the political, economic, social, technological, legal and environmental conditions. Best/Good Practices in

neighborhoods must align with the demographics, demand and resources.

STRATEGY FOR IDENTIFYING BEST PRACTICES

Online searches from the following website include World Health Organization (WHO), American Association of Retired Persons (AARP), National Association of Area Agencies on Aging (N4A), National Aging and Disability Transportation Center (NADTC), National Council on Aging (NCOA), California Association of Area Agencies on Aging, and New York City. Best Practices were evaluated using the American Public Health Association's (APHA) five criteria to evaluate policy options in Health in Policies, which include:

- **Promoting health and equity**
  The pursuit of full "physical, mental, and social well-being" without determined disadvantages (i.e., social, demographic, economic, and geographic) Efforts to improve conditions for those who "experienced socioeconomic disadvantage or historical injustice" (Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L., 2013, p. 135)
- **Supporting inter-sectoral collaboration**
  Various partners share the responsibility of decision-making and implementation to improve outcomes, can be formal or ad hoc; focus is on ongoing-collaboration
- **Creating co-benefits for multiple partners**
  Win-win solutions that arise as secondary benefits from policy/ program implementation
- **Engaging stakeholders**
  Inviting, listening, and developing policy/ program with those individuals, groups, or organizations who are impacted by decisions
- **Creating structural or process change**
  Change in how government agencies (and other sectors) interact and make decisions

INSTITUTIONAL REVEIEW BOARD REVIEW AND DETERMINATION

This project was reviewed by George Washington University Institutional Review Board and determined to be exempt as the survey was a systematic investigation designed to contribute to generalized knowledge. See Appendix 10 for Memorandum.

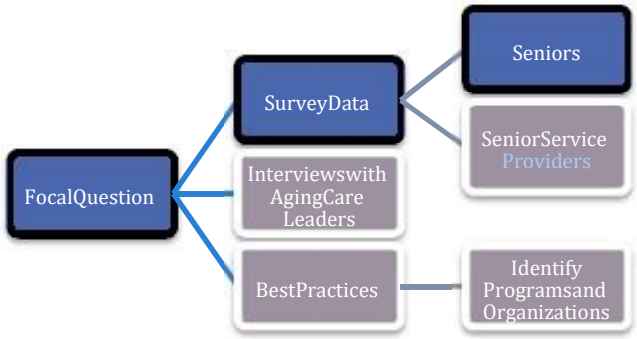
LIMITATIONS

The researchers felt that there are a number of limitations to the DCOA 2016 Needs Assessment. First, the survey is approximately sixty questions, participants could experience survey fatigue, which limits the comprehensiveness of each age-friendly domain. Secondly, the Needs Assessment contained several pages of charts that may be difficult for older adults. Thirdly, due to time and funding limitations: additional stakeholder groups were not specifically surveyed: LGBTQ community, homeless,

prisoners. Self-selection can be seen with selection bias; the group who responded may intrinsically be different than those who did not respond. Those who responded may have exhibited a social desirability bias to report those things that are more favorable when reporting.

RESULTS

SENIOR SURVEY DEMOGRAPHICS



Demographics of Older Adult Respondents

More than 5,000 hard copies of the questionnaire were distributed, and 880 District individuals completed the 2016 DCOA Needs Assessment Senior Survey, 295 online through SurveyMonkey and 585 by hard copy. It was important to target individuals who are currently using DCOA services, as well as people who do not currently use DCOA services. There were 12% of older adult respondents who indicated they were using DCOA services.

TABLE 8. DEMOGRAPHIC CHARACTERISTICS OF 2016 DCOA SENIOR SURVEY RESPONDENTS

Gender	Female Male No Response	77% 20% 3%
Sexual Preference	Heterosexual Other Gay Lesbian Bisexual Questioning No Response	37% 2% 1% 1% 1% 0% 59%
Marital Status	Widowed Divorced or Separated Married Never Married No Response	29% 24% 23% 21% 4%

Filled out Survey	Self On behalf of someone else No response	87% 10% 3%
Living Situation	Living alone Living with spouse or relative Living with non-relatives No Response	56% 38% 3% 4%
Race	Black/ African-American Caucasian Hispanic/ Latino Asian American Indian/ Alaskan Native Native Hawaiian/ Pacific Islander	73% 19% 1% 0.7% 0.3% 0.1%
	No Response	5.9%
Age-Range of Respondent	18-59 years 60-64 years 65-69 years 70-74 years 75-79 years 80-84 years 85-89 years 90-94 years 95 years and older No Response	3% 12% 23% 20% 16% 11% 8% 3% 1% 2%
Annual Income	< $10,000 $10,000-$14,999 $15,000- $19,999 $20,000- $24,999 $25,000- $29,999 $30,000- $34,999 $35,000- $39,999 $40,000- $44,999 $45,000- $49,999 $50,000- $59,999 $60,000- $74,999 >$75,000 No response	17% 14% 8% 5% 5% 5% 4% 4% 2% 4% 5% 14% 14%
Describes Respondent (multiple choices allowed)	Senior Senior with disability Non-senior with disability Caregiver Relative of senior who needs care Neighbor of senior who needs care	70% 30% 1% 8% 5% 2%

11 Health Challenges	Disabled Diabetes Hard of hearing Heart disease Can't see well Stroke Dementia Arthritis Lung disease Kidney disease Cancer	19% 18% 14% 10% 10% 5% 5% 5% 4% 4% 3%
Education Level	0-11 years, no diploma High school diploma Some college Associate's degree Bachelor's degree Graduate/ professional degree No response	13% 23% 18% 5% 13% 26% 3%
Employment Status	Fully retired Disabled Retired but working part-time Working full-time Unemployed, looking for work Other Unemployed, not looking for work Homemaker	62% 11% 7% 7% 4% 3% 2% 1%
Ward Residence	Ward 1 Ward 2 Ward 3 Ward 4 Ward 5 Ward 6 Ward 7 Ward 8	11% 8% 7% 18% 13% 11% 16% 11%
Where do you get information about senior services?	Word of mouth Senior center AARP Office on Aging Newspaper/ newsletter Senior Beacon Internet Television Radio Other*	43% 37% 38% 34% 27% 20% 20% 19% 9% 18%
DCOA service utilization	DC seniors using 1+ service	12%

*Within the "Other", 52 respondents wrote in ***Villages***, or their specific Village name.

COMPARISON OF SURVEY PARTICIPANTS TO SENIORS IN DC [1]

Eighty-seven percent of survey respondents were seniors completing the survey on their own behalf. Characteristics of Senior Survey respondents were fairly similar to demographics of older adults in DC (Table 9). Survey participants were predominantly female (77%) compared with 60% female senior population in DC. Most of participants were African American (73%), which compares with 60% of the estimated 2014 senior population in DC. Caucasians, the second largest group of participants comprised 19% of respondents compared with 36% of the senior population of DC. Hispanic and Asian respondents, who comprise 4% and 2%, respectively, of the senior population in DC, were underrepresented in this survey sample at 1% and 0.7%, respectively. Ages represented included 60 through 95+ years, with the highest percent of respondents between 60 and 84 years. Nearly one quarter were between 65 and 69, and 20% were between 70 and 74 years.

The educational level of the respondents was close to that of the DC population educational profile for 2014, with 13% reporting that they did not finish high school (consistent with 14% of the 2014 DC senior population), 23% reporting only a high school diploma (consistent with 24% of the population), and 62% reporting some college or higher (consistent with 62% of the senior population).

The survey does not focus on household income, which requires knowing the income of every person in the home and the number of people that use the residence as primary address. Instead, we asked for the individual's self-reported income. The survey income question referred to only the older adult respondent's income and over half of respondents reported living alone (56%), and 17% of respondents reported an income of less than $10,000. The federal poverty level for 1 person is currently $11,880, and in 2014, 16% of the DC population was estimated to have an income below the federal poverty level Cubanski, Casillas, & Damico (2015). The respondents to the survey who reported an income below $15,000 was 31% compared with 2014 data reporting that 24% of seniors fell below 150% of the federal poverty level for income (which in 2016 is $17,820). So survey respondents seem roughly comparable, and a representative sample of economically disadvantaged seniors living in DC.

Thirty percent of respondents self-reported "I am disabled" but 19% checked "Senior with disability" on the question *What health challenges do you face?*, with heart disease (including hypertension), hard of hearing, and diabetes mellitus being the most common diseases reported. In addition, Five percent reported complaints in the musculoskeletal category among the "Other" category, as this was not included as a named choice in the survey. In 2014, 33% of DC senior population was disabled, so the survey sample again seems roughly equivalent to the DC senior population as a whole in this area.

[1] According to census data provided by DCOA, including estimates from 2014 American Community Survey

The distribution of respondents across the Wards in DC varied from 7% in Ward 3 to 18% in Ward 4. All Wards were represented with some over-representation by percent from Wards 1, 4, 7 and 8, some underrepresentation from Wards 2, 3, 5, and 6. See Appendix 11 for related graphs.

A subset analysis was done on demographic characteristics of Seniors with Disability compared with Senior respondents as a whole. Seniors with Disability were more likely than Survey respondents as a whole to be female (79%), Black/ African American (86%), individuals earning < $25,000 (71.5%), and individuals without high school diploma (19%). They were more likely to rate assistance for those who help you as "Very Important" (73%) and more likely to rate as "Very Important" information on where to get help (81%). Seniors with Disabilities tended to live in higher percentages in Wards 1 (12%), 4 (23%) and 8 (19%) than the survey sample as a whole.

Considering demographic differences among the 8 wards, survey respondents (n=824) who identified a primary ward were further analyzed. See Appendix 12. The demographic trends noted above are consistent within wards such as race, income, education, and employment status. AARP and word of mouth are 2 popular ways in which seniors in all wards receive information on senior services. However, there is variation among wards for other methods of receiving information. Greater than 20% of individuals in Wards 1-4 report using the Internet, whereas less than 17% of individuals in Wards 5-8 use the Internet. Additionally, many individuals report the Villages in the "Other" category as a way to receive information.

There were 12% of older adult respondents who indicated they were using DCOA services.

TABLE 9. COMPARISON DEMOGRAPHICS SENIOR SURVEY PARTICIPANTS VS. DC POPULATION

	% Survey Respondents	**% DC Population**
Female	77	60
Male	23	40
African American	73	60
Caucasian	19	36
Hispanic	1	4
Asian	0.7	2
Individuals ~ below 150% FPL	31	24
Live Alone	56	55
Disabled	30	33
Education Level		
0-11 No diploma	13	14
High School diploma	23	24
	61	62

Some college or >		
Ward Distribution:		
Ward 1	11	8.8
Ward 2	8	10.3
Ward 3	7	16.3
Ward 4	18	15.6
Ward 5	13	14.1
Ward 6	11	12.9
Ward 7	16	13.2
Ward 8	11	8.9

SENIOR SERVICE PROVIDER DEMOGRAPHICS

The Service Provider Survey mirrored the Senior Survey to a large extent in the items queried. Survey participants included 57 individuals who self-identified as providing services to older adults in DC. Most were private entities, with non-profit organizations comprising 51% of survey respondents, and for-profit organizations comprising 21%. The service areas in which they provided services were roughly equally distributed across all Wards. Over half of respondents reported their provider organizations served DC exclusively, while the balance served the entire Metro area, including Maryland and Virginia suburbs of DC. Around half of respondents reported providing direct services to seniors, caregiver support, advocacy, and case management with 21% reporting provision of respite for caregivers. Several providers reported a history of service dating back many years, some for several decades.

When asked "Can you adequately meet the needs of all of your clients?" over 75% answered "No", and 40% reported maintaining a wait list to provide services, including subsidized handicap accessible housing, case management services, home-bound services, emergency shelters, home modifications, delivery of meals for home-bound clients, housekeeping services, delivery of medical supplies, and adult day care. About a quarter (28%) of providers indicated a future willingness to provide services on holidays, during vacations, and on the weekend.
Almost all (90%) were familiar with DCOA and its services. The majority (65%) worked with programs funded by DCOA, and the top 3 services provided were case management (60%), health care in-home support (55%) and transportation (48%). Most (78%) were familiar with ADRC services, but almost a quarter (22%) were not. Most (83%) reported that DCOA has good relationships with the community and stakeholders. When asked about percent of funding received from DCOA, 33 responded 100%, 5 responded "some" with varying amount of support, and 11 responded "none". Alternative sources of funding for programs (when sought) included foundations, government and private grants, individual donors, fundraising activities, donations from congregations (for faith-based programs), service contracts, and fee-for-service reimbursement from insurers and individuals.

SURVEY RESPONSES TO AGE-FRIENDLY DOMAINS

The Senior Survey included 39 selected activity/ service questions for older adults and their caregivers to elicit the level of importance for the older adults, current assistance, and considerations about obtaining assistance.

- **How important is this to you?**
- **If you have assistance, who assists you?**
- **If you are not receiving assistance, why not?**

Findings across domains:

- 85% of seniors and 98% of providers rated "knowing what services are available" as *very important,* yet for every domain, 20% or more of seniors report they don't know how to access the service
- For every domain, a high proportion of seniors report "don't know how to get services." This ranges from one in four seniors (24.5%) for legal advocacy domain to one in eight seniors (12.1%) for civic participation domain.

The domain specific questions and findings are described in the following section. Each set of questions provided space for narrative comments. A select group of actual narrative comments of the survey respondents is included to provide greater dimension for each domain.

This section also includes the rating of the Service Providers for the same domains, so the responses may be compared to the Senior Survey Respondents. The Service Provider Survey included open ended questions in regards to the challenges and opportunities the service provider could offer for each domain. These provide insight into the types of collaborations and partnerships that may be valuable for service improvement.

Domain 1: Outdoor Spaces and Building

Both Seniors and Service Providers rated safe places, sidewalks and outdoor areas as "Very Important" although Service Providers more frequently rated it higher. NOTE: For each section, click on the hotlink of "Seniors Results" to see the actual survey results.

Accessibility to and availability of safe recreational facilities.

- Safe place to live
- Safe sidewalks
- Safe outdoor areas

Senior Results . . .

1. 92%, 91%, and 82% respectively rated ***Safe place to live, Safe Sidewalks, and Safe outdoor areas*** as "Very Important",
2. 62% reported "Don't need" assistance in this domain, 22% reported "Do not know how to get service".

Service Provider Results . . .

- 100% rated as "Very Important" a ***Safe place to live,***
- 94% rates ***Safe sidewalks*** as "Very Important", and • 75% rated ***Safe outdoor areas*** as "Very Important".
- For satisfaction with DCOA service:
  - 22-29% was the range of respondents who were "Very Satisfied"/"Satisfied" with DCOA services in these categories,
  - Dissatisfaction with services ranged from 10-22%, and ○ Other respondents were "Neutral".

Narrative comments of Seniors . . .

"crucial needs for seniors are safe streets, sidewalks (uneven sidewalks cause huge % of falls for elderly) and livable parks as quality of life services offered by a progressive, caring city."

"I would like to find a place where [there are] no steps to walk up, sometimes they use the side for bikes instead of bike lane, Do not go to parks."

"Sidewalks in our neighborhood are dangerous"

Domain 2: Transportation

Older adults frequently ranked transportation as "Very Important", but an even larger number of Service Providers ranked items in this domain as "Very Important". In addition, in the open-ended question asking, ***Biggest problem faced by DC Seniors,*** transportation was identified most frequently.

Safe and affordable modes of private and public transportation.

- Transportation to healthcarerelated appointments
- Transportation to grocery store and other errands
- Transportation to senior center

Senior Results . . .

- More than 50% reported as "Very Important" ***Transportation to healthcare*** (66%) and ***Transportation to obtain groceries and run errands*** (56%),
- Most reported "don't need" assistance with transportation,
- 16% reported "don't know how to get service" in this area, and
- 6% reported "can't afford service".

Service Provider Results . . .

- 98% rated as "Very Important" ***transportation to healthcare,*** and
- 89% rated as "Very Important" ***transportation to pick up groceries.***

These percentages are closer to the subsection analysis of Seniors with Disability, who rated as "Very Important" ***transportation to healthcare*** (85%), ***to pick up groceries*** (71%), and ***to pick up medications*** (65%).

Narrative comments of Seniors . . .

"Income level restraints. Again income should not be the sole criterion for determining eligibility. Need to look at related expenses associated with higher income to determine if assistance needed."

"Sometimes have to get the bus, I don't have any way to get home unless I pay, I need to get into some senior activity, sometimes I have to pay someone $5.00 to do it."

"Live close to services I need. Have a spouse who can help, and am a member of a Village, which is willing to step in when needed."

Service Providers identify:

- Challenges as insufficient vehicles, unreliable pick-up service, and inflexible scheduling.
- Creative responses as use of program funds for alternative transport (i.e., Uber, taxi, staff), or referring clients to alternative sources of transport.

Domain 3: Housing

Several aspects of housing were "Very Important" to Seniors and Service Providers rated it highly with even greater frequency.

Wide range of housing options for older residents, aging in place and other home modification programs.

- Keeping warm or cool as the weather changes
- Preventing falls and other accidents
- Modifications to my home so that I can get around safely
- Assistance with repairs and maintenance of my home/ yard

Senior Results . . .

The following are "Very Important";

- ***Keeping warm or cool, as the weather changes*** (71%),
- ***Preventing falls and other accidents*** (77%),
- ***Assistance with repairs and maintenance of home and yard*** (62%),
- ***Modifications to the home to get around safely*** (55%),
- Most did not have a current need, but nearly 25% reported ***not knowing how to access assistance*** or ***not being able to afford assistance in this area***, and
- For ***Biggest problem faced by DC Seniors,*** Housing issues rated among top 3 items identified.

Service Provider Results . . .

- Rated more frequently as "Very Important" ○ ***Preventing falls and accidents*** (94%), ○ ***Keeping warm or cool as weather changes*** (94%), and ○ ***Modification to the home for safety*** (89%).

These items are also rated more frequently as "Very Important" by the subset Seniors with Disability:

○ ***Prevention of falls and accidents*** (88%), ○ ***Keeping warm/cool as weather changes*** (79%), ○ ***Assistance with repairs/maintenance*** (75%), and ○ ***Modifications to home for safety*** (69%).

Narrative comments of Seniors . . .

"Cannot get low -income help with yard & house. Frustrating."

"Where I live they furnish good heat and air, In the process of using in house safe through DC gov., Need section 8 or some other help."

"Need a place without stairs and bathroom with walk in tub, need help to move to a bigger place for my brother and his health problems"

Service Providers identify:

- Challenges as long wait lists and times for housing, insufficient rental support, and lack of reliably available services.
- Creative solutions as sharing information among programs, increasing awareness among seniors of programs available, and referral to appropriate community and volunteer programs.
- Several respondents praised the DC Safe At Home Initiative and emphasized its important role in reduction of fall risk for the frail elderly living at home.

Domain 4 & 5: Social Participation/ Respect and Social Inclusion

For the purpose of this study, items in these domains (4 & 5) tended to overlap, so they were combined. While Seniors rated these items very high for importance, exercise was the most important in this category, while Service Providers rated ***having someone to talk with*** as "Very Important" more often.

Access to leisure and cultural activities and opportunities for older residents to participate in social and civic engagement with their peers and younger people.

- Taking part in fun activities (crafts, music, games) with others
- Getting exercise that is good for me
- Having someone to talk to when I'm lonely
- A senior center close to my home

Senior Results . . .

- 79% rated ***Getting exercise that is good for me*** as "Very Important"
- Over 50% of the time, other activities rated "Very Important," such as ***volunteering, having someone to talk with, having a Senior Center close to home, and being able to attend religious services***
- 20% reported not knowing how to get service

Service Provider Results . . .

- 90% rated as "Very Important" ***having someone to talk to when I'm lonely***. (This is a much higher rating than in the Senior Respondent survey or in the sub-analysis of Seniors with Disability (63% "Very Important").
- Overall satisfaction with services in this domain was low (< 1/3)

Narrative comments of Seniors . . .

"I attend a gym; but could use assistance in winter months to go to senior center"

"Church activities, walk or take public transportation, not cleared medically to attend, church one block away."

"My current family, friends, church & community situations are good!"

Service Providers identify:

- Challenges as difficulty with access to transportation and shortage of personal care assistants.
- Creative solutions as partnering with other organizations to pool resources, using volunteers, providing services where seniors live or participate in other programs, and linking seniors to other resources.

Domain 6: Civic Participation and Employment

None of the items queried in this section were rated "Very Important" at the same level as previous domains by either the Seniors or Service Providers.

Promotion of paid work and volunteer activities for older residents and opportunities to engage in formulation of policies relevant to their lives.

- Assistance with job training
- Assistance finding jobs
- Assistance to vote

Senior Results . . .

- 41% rated ***Assistance with voting*** as "Very Important",
- 25% rated ***Assistance with job training and finding a job*** as "Very Important", and
- 64% reported they were fully retired, and only 7% reported working full time, so not likely to need assistance with job.

Service Provider Results . . .

- None of the items queried in this section were rated "Very Important" at the same level as previous domains

Narrative comments of Seniors . . .

"Village helps with voting information"

"When I was unemployed in 2015, I went to [Department of Employment Services] DOES and the agency did not help me much in getting a job. I finally got a job with a lot of prayer."

"Age discrimination in employment"

"unable to work due to disability"

Service Providers identify

- Challenges as lack of job opportunities for non-tech savvy seniors, and need for more access to IT training for seniors.
- Creative solutions as providing a training site, and information and referrals to seniors.

Domain 7: Communication and Information

Senior respondents were more likely to answer questions in this domain than any other. Service Providers also rated this domain as "Very Important".

Promotion of and access to the use of technology to keep older residents connected to their community and friends and family, both near and far.

- Knowing what services are available
- Information or assistance applying for health insurance or prescription coverage

Senior Results . . .

- 85% rate as "Very Important": ***Knowing what services are available,***
- 23% reported "not knowing how to get this information",
- Most common sources of information: "Word of mouth" (43%), AARP (40%), DCOA and Senior Centers, 34% and 39% respectively, and printed news (32%);
- 25% obtained information from the Internet, and • For "Other", 52 respondents mentioned the Villages.

Service Provider Results . . .

- 98% indicated **Knowing what services are available** was "Very Important" (close to the 92% of Seniors with Disability who rated this as "Very Important"),
- 85% indicating **information/assistance applying for health insurance etc**. as "Very Important" (A higher rating of importance than responses from both Seniors as a whole and Seniors with Disability), and
- Satisfaction with DCOA ~ 25%

Narrative comments of Seniors . . .

"I have no problem asking for info or help from Capitol Hill Village."

"I need dentures badly but I cannot afford them. Medicaid denied my application. Can Office on Aging assist me in getting dentures."

"I get some services. But there is some I don't know about. Please tell me about all the services for seniors."

Service Providers identify:

- Challenges as lack of timely and knowledgeable responses from service providers and difficulty contacting service providers.
- Creative responses as offering training and education programs for caregivers, hiring and retaining top-notch staff, partnering and coordinating with faith communities and others, offering services at convenient sites, and keeping databases of resources updated.

Domain 8: Community and Health Services

Services and activities in relation to Health Services were rated more frequently as "Very Important by Service Providers than by Seniors. The key findings are listed below.

Access to homecare services, clinics and programs to promote wellness and active aging.

- Assistance keeping my home clean
- Assistance with personal care or bathing
- Assistance with washing and drying my laundry
- Having someone assist me with my prescription medicine
- Assistance with controlling pests, such as bed bugs, rats, etc.

Senior Results . . .

- Over 59% rated as "Very Important" ***Assistance keeping my home clean,***
- 41% rated as "Very Important" ***Assistance with personal care, and***
- 48% and 36% respectively rated as "Important" assistance with ***paying for medications and taking medications.***

Service Provider Results . . . • Over 80% rated as "Very Important" ○ ***Assistance with paying for medications,*** ○ ***Having help with prescriptions,*** ○ ***Assistance with controlling pests, and*** ○ ***Assistance with personal care***;

- This was a higher rating of importance than either Seniors as a whole, or Seniors with Disability as a subset of survey respondents.

Dissatisfaction with services in this category was fairly high with a range of 20-33% of respondents dissatisfied.

Narrative comments of Seniors . . .

"Generic income limitations without regard to applicable expenses. I pay taxes to help provide services so why can I not use them. Unfair."

"require use of wheelchair for mobility in home and unable to afford paying for a maid to assist with cleaning the home."

"do not like to ask for assistance".

Service Providers identify:

- Challenges as limited availability, long wait times, overly strict requirements for obtaining services, and shortage of competent providers.
- Creative solutions as collaboration across programs, volunteer recruitment and training, and developing education and awareness campaigns.

Domain 10: Legal Issues

The Age Friendly DC Domain, Elder Abuse and Neglect, was expanded for this study to include other potential legal issues in regards to healthcare decision-making. Key findings are listed below.

Prevention and prosecution of financial exploitation, neglect, and physical, sexual and emotional abuse of seniors.

- Assistance making choices about future medical care and end-of-life decisions
- Someone to protect my rights, safety, property or dignity
- Someone to call when I feel threatened or taken advantaged of

Senior Results . . .

- Over 60% rated as "Very Important":
  - ***Assistance with choices for future medical care,***
  - ***Someone to protect my rights, safety, property, or dignity;*** and
  - ***Someone to call when I feel threatened or taken advantage of.***

Service Provider Results . . .

- Over 75% of the time all items in this domain were rated as **"**Very Important".
- This was closer to the range of ratings from 70 to 82.5% for Seniors with Disability.

Narrative comments of Seniors . . .

"I get help from paid professionals and friends."

"Iona and Sibley Hospital have resources to guide me"

"AARP Legal Services for the Elderly - very helpful"

"I have prepared my documents for trusted family member to be responsible/access (will/advance directive)"

Service Providers identify:

- Challenges as insufficient finances, seniors' unwillingness to report abuse, inadequate access to needed services, and lack of quick response from Adult Protective Services.
- Creative solutions included partnering with other organizations to share resources, offering free legal/ financial planning courses, referring to Legal Counsel for the Elderly or other non-profit agencies/ university legal services, and screening elders for abuse and neglect.

Domain 11: Food Security

Due to the concerns of aging care leaders in DC about the lack of food security and DC's rating as 7th in the country for lacking food security, this Domain was added to the Senior and Service Provider surveys.

Ensure access by older adults, in particular the poor and people in vulnerable situations, to safe, nutritious and sufficient food year round.

- Having a meal with my friends or other seniors like me
- Information on how to eat healthy
- Having someone bring a meal to my home every day

Senior Results . . .

- 2 items most frequently rated as "Very Important," ***Information on how to eat healthy*** (65%) and Being able to afford food (64%); and • 67% reported not needing assistance in this area.

Service Provider Results . . .

- Over 95% rated as "Very Important" ***Being able to afford enough food,***
- 70% rated as "Very Important" ***Having meals brought to or prepared in the home.***

For Seniors with Disability, 80 and 60% respectively rated these items as "Very Important".

Narrative Comments of Seniors . . .

"Had Mom's meals but stopped because I attend the center, need better income/a program like Mom's meals"

"Currently I can prepare my meals and prepare for my mother who I care for at this time"

"Signed up for Produce Plus but very frustrating. Wait in line for over an hour and they run out of vouchers. Rely on Wednesday's farmers market for quality seasonal produce."

Service Providers identify:

Challenges as:

- Difficulty getting face-to-face nutritional assessment to qualify clients for nutrition services/ support,
- Inflexibility of eligibility for home-delivered meals (e.g., seniors who are able to get to a few congregate meals do not qualify service),
- Difficulty obtaining nutritional supplements for clients,
- Lack of follow-up from DCOA,
- Waiting lists for nutrition services, and
- Lack of services for seniors with low income whose income is above federal poverty level, but who still cannot afford adequate nutrition.

Creative solutions offered were:

1. Partnering with other organizations to share resources,
2. Paying for meals for seniors with low income above poverty level from organization budget,
3. Helping to link seniors with community resources (e.g., food banks, soup kitchens), and 4. Gleaning from Farmers Markets to distribute healthy food

Domain 12: Caregivers

The Caregivers Domain was added due to the desire to include the perspectives of older adults who are frail and vulnerable in DC. These individuals are more likely to need and utilize nonfamily caregivers.

Identification and appropriate resources aligned with caregivers to decrease physical, mental, and economic demands.

- Assistance for the people who help you

Senior Results . . .

- 64% rated as "Very Important": ***Caregivers having access to information on where to get additional help and support,***
- 50% indicated it was "Very Important" to have ***assistance for the people who help them,*** and
- 25% don't know how to get help

Service Provider Results . . .

- When asked about the most important service for caregivers of seniors or seniors who are caregivers (free text response), the most frequent response was **respite care;** and
- 72-82% of the time items related to caregiver support were rated as "Very Important", which closely mirrored the 73-81% range of ratings "Very Important" by Seniors with Disability.

Narrative Comments of Seniors . . .

"need a reliable and trustworthy person, no matter what the cost, to manage all the aspects of being an old person without family"

"again, income limitation. I am penalized for life works even though I still have related expenses."

"need a reliable and trustworthy person, no matter what the cost, to manage all the aspects of being an old person without family"

"need a one stop source of help for all the issues of old age"

Service Providers identify:

- Challenges as lack of timely response to request for assistance, lack of available services for homebound seniors, caregiver burnout, and lack of available resources.
- Creative responses included staying abreast of resources accompanied by education and outreach

This prompt seems to have not been well understood, with many commenting in free text that they didn't understand, and many giving free text comments that were clearly not applicable to the question.

- Open-ended comments by Seniors included: ○ A majority offered suggestions for monetary help to caregivers, i.e. family caregivers be paid to provide services for older adults to replace lost income, access to parking passes or reimbursement for parking and travel, discounts on services or goods, or receiving tax breaks;
  - Need for respite for caregivers;
  - Importance of easy access to one-stop information to guide them in their caregiving activities;
  - Advocated a "no wrong door" concept for obtaining needed information; ○ Training and education in caregiving;
  - Increased pay;
  - Training in English language proficiency; and ○ Access to health benefits

SENIOR OPEN-ENDED RESPONSES

Additionally, three open-ended question to older adults and caregivers are used to elicit responses not identified by researchers:

What do you feel is the biggest problem faced by District of Columbia Seniors? When asked what is the biggest problem you face as an older adult living in the District of Columbia, there are several themes that emerge. Affordable housing, transportation and parking concerns, caregiving, economic security, loneliness & depression, and home repairs.

To illustrate the range and the depths of need, several narratives of older adults are told in the comments below.

> "*One of the biggest problems DC seniors face is getting enough food to see them through the month. Another problem is having the help with the other issues that they face such as medical appointments and getting other resources that they need. There are seniors who do not have kin, they may take a particular interest in their well-being thus they are lonely and afraid."*
>
> *"My personal challenges are few currently because I am still working and actively engaged in the community. However, I do feel that when I have visited a doctor's office, any health concern[s] I express is immediately judged as "it is because of your age." I have felt "dismissed" by some doctors and would appreciate more sensitivity by medical profession. Perhaps it is the doctors that I have visited. But how do I know which doctors to go to that will be sensitive to needs of older patients. Do we need a "doctors for older patients", only, directory? I am also more concerned about the needs of "sick and shut-in" seniors in my community that have needs but are not eligible for some service because their household income may be a penny or two above the threshold. What can be done to help these that are truly struggling financially?"*
>
> *"I have worked for 40 plus years and I want to enjoy some me time. I have a son (39) who lives with us who is intellectually disabled & a seizure patient. I want to enjoy some time for myself at almost 69, I still have to work because I owe a lot of DC Taxes. I'm tired all the time and I'm depressed a lot."*
>
> *"We want to stay in our home as long as possible. Many challenges are involved."*
>
> *"Transportation and crime are the big issues. I walk most places or use the metro, but during Safe Track and in general have concerns about metro and safety. I am sometimes concerned about walking alone at night. I am always concerned about the state of our sidewalks and especially in winter since I have osteoporosis and could break bones easily if I fall. Our neighbors do not clean the sidewalks and the sidewalks are wildly uneven. I am also concerned about the effects of gentrification in my neighborhood."*

Are there other kinds of services you need that we have not mentioned?

Seniors did not identify other services not mentioned, but rather expounded upon themes already covered in the structured questions.

Some of the open-ended responses to this question include the following statements.

> *"I am 60 years old and my husband is 62. His mother (92 years old) lives with us. We need a place she can go so we can have a respite."*
>
> *"Yes. I need dentures. I'm trying to eat with only two teeth, lost/misplaced dentures and partials last year. Replacement cost is $5,600. Can Office on Aging please assist me in getting some dentures."*
>
> *"It would be beneficial if theater, music, and entertainment events were a little cheaper and also easier to access at night. Most are prohibitively expensive. Travel to and from events also is expensive and if you walk or take metro/ bus it feels a bit risky because of the current rash of purse snatches, robberies and assaults in the neighborhood."*
>
> *"No family caregiver. All senior services seem to be based on the idea that there is a younger, abler bodied person around to manage paperwork, technology, negotiate for services. It's the logistics of getting older that bother me."*
>
> *"None, really. We are healthy, and have a car and bicycles to get around. We have Capitol Hill Village to expand our social contacts. We are also active on ANC committees."*
>
> *"Unfortunately, I'm not fully retired! But, I'm blessed that is my 'biggest' problem. Thank God!"*
>
> *"DC needs sufficient options for appropriate affordable not-for-profit housing - We have no major affordable senior housing communities offering various levels of care - from independent living to assisted living to full care, so that a retired teacher could move in with assurance that they would not have to move again as their needs changed. We should not have to seek affordable senior housing outside of our hometown."*
>
> *"We need housing services so we can move on and live comfortable. Right now it too much going on where we live, they hang in the hallways all the time, beer cans all around people selling beers, they kill each other. A bullet came through my apartment."*

Where or who would you call if you needed help obtaining services?

For all domains, the most frequent answer to who assists the senior or who would you call on if you needed assistance was predominantly family (more than 50% of the time), followed by friends (approximately 25% of the time). Other important sources of assistance included DCOA, Wellness Centers, DCOA Contractors, and the Villages throughout DC. Generally, around 10% for each category responded to the "Who would you call if you needed assistance" with "I don't know".

RESULTS OF SERVICE PROVIDER SURVEY ABOUT DOMAIN-SPECIFIC QUESTIONS

When asked about the most important services and resources to be available to Seniors in DC, which was an open-ended question at the end of the survey, the services most often identified were respite care [18 of 45 comments or 54%] and personal care assistance [5 of

24 or 21%]. Other often repeated themes included education for caregivers (both nonprofessional and hired) and other supports for caregivers, including direct or indirect financial compensation (e.g., tax breaks), easily accessible information on what services are available, where, and how to access them, telephonic caregiver support, caregiver support groups, and increased availability of in-home services and support for seniors to lighten caregiver loads.

Major challenges each identified as occurring within the next 5 years included an everincreasing demand due to an increase in senior demographics in the face of dwindling capacity and resources available from government and philanthropy. The burden of legal and regulatory requirements was also mentioned.

One respondent recommended examining the model of networks of AAAs in California which collaborate to offer services to hospitals and medical facilities in order to take advantage of increased federal funding for care transitions.

RESULTS: INTERVIEWS WITH DC HEALTHCARE PROFESSIONALS

Telephone interviews were conducted with healthcare providers who serve older adults in DC between 7/11/16 and 8/5/16 to elicit critical healthcare needs of older adults; to inquire about innovative and evidence-based practices either in use by, or known by, the contacts; to explore opportunities for collaboration with DCOA in caring for Seniors in DC. The interdisciplinary healthcare providers included physicians, nurse practitioners, social workers, registered nurses and DCOA transitional care managers were practicing in DC hospitals, nursing homes, outpatient clinics, home-based geriatric primary care practices, hospice, front-line DCOA service providers, and community outreach programs.

Most critical unmet needs

Some topic areas shared commonalities among several participants:

- Lack of available, affordable, ADA compliant housing options for people who are frail and disabled in DC; [Domain 3]
- Lack of access to in-home personal help for multiple reasons, including inability to afford (especially for those "stuck in the middle" can't afford to private pay but don't qualify for Medicaid or Medicaid Waiver Services); prolonged time to arrange in-home services (e.g., not available at the time needed) d/t prolonged processing and shortage of personnel; [Domain 8 & 12]
- Difficulty with placing seniors in nursing homes, especially those without skilled needs or those without the requisite 3-day hospital stay to qualify for Medicare rehabilitation services in a skilled nursing facility; [Domains 3 & 8] and
- Difficulty with reliable transportation and lack of in-home availability of medical care (including primary geriatric care from physicians or physician extenders). [Domain 2 & 8]

Barriers to improving access to needed services

- Lack of money and resources;
- Lack of personnel to address issues;
- Lack of coordination across care settings; [Domain 8] and
- Lack of knowledge on the part of front-line healthcare providers (except perhaps Social Workers) and patients and families about what services are already available and how to access them. [Domain 7]

Common reasons for hospitalization/ re-hospitalization/ ER visits/ difficulty discharging back to the home setting

- Diminished ability of patients to meet their own needs in the face of lack of caregiver support at home, both professional and family/friends; [Domain 8 & 12]
- Lack of safe, affordable, ADA compliant housing options; [Domain 3]
- Lack of realistic discharge planning on the part of facilities, who fail to recognize challenges faced by ill and impaired patients sent to the home setting; [Domain 8 & 12] and
- Lack of timely follow-up on the part of home care providers to address medical and personal care issues in the home. [Domain 8 & 12]

Opportunities for collaboration with DCOA

- Several conversation participants requested improved access to information about available DCOA services via several possible venues, including online or print publication of available services in a one-stop shop format; availability of a resource person at the DCOA offices who could also provide one-stop shop help/ problem solving for individual patients; pamphlet and/or periodic newsletter; on-site (at their practice sites) presentations and training; [Domain 7]
- Jointly plan and execute educational offerings for healthcare providers and the public on various topics, including advance care planning, available services from DCOA and community programs; [Domain 7 & 8]
- DCOA serving as data-gatherer and convener for multiple stakeholders in order to plan, prioritize and improve services for seniors in DC, targeting data-identified needs. Recommendations for stakeholders, in addition to healthcare providers (outpatient and home-based medical practices, hospitals, senior communities, nursing facilities, discharge planners from hospital and subacute care, etc.) included apartment managers, the DC Housing Authority, insurers (especially Medicare/ Medicaid), representatives from social programs (including daycare, job training, senior centers, emergency response personnel, transportation providers); [All Domains] and
- Several respondents recommended DCOA work with current in-home primary care geriatric practices to expand services city-wide. [Domain 8]

Innovative and evidence-based programs discussed by participants

Thought leaders willingly shared either innovative or evidence-based practices their programs were personally involved with, or shared innovative or evidence-based practices that they were aware of. Practices thought to be possibly useful for DCOA to explore further are listed below and more detail of each is provided in Appendix 14.

Medstar Washington Hospital Center Medical Housecalls Program
This is an entirely home-based primary geriatric care program with geriatric physicians, advance practice nurses and social workers who visit patients in their homes or in the extended care facilities. This demonstration project provides chronically ill patients with a complete range of primary care services in the home setting. Studies indicate the program has produced shared savings of 1 to 2 times what fee-for-service brings in, and have cut the hospital readmission rate by more than half. They are a Medicare/ Medicaid Independence At Home Demonstration Pilot practice as part of the Mid-Atlantic Consortium. [Domain 8]

The Coordinating Center
Funded by grants and contracts, the Center coordinates services and navigates systems with people who have complex needs so they can live in the community. Located in Anne Arundel County, the Coordinating Center serves all of Maryland. Services include population health, community care coordination, community care transitions, housing and supportive services, managed care case management, and medical legal services & life care planning. Trained health coaches utilize Care at Hand, a tablet-based patient evaluation software program that automatically tailors questions the patient answers to their specific health issues. It uses predictive analytics to avert hospitalizations. [EB Program] [All Domains]

TeleCaring Program
This is a program within the Capital Caring Hospice Program which utilizes twice daily telephonic contact of all patients in the program by specially trained "TeleCaring Specialists" (not necessarily healthcare professionals) to pro-actively anticipate needs and mobilize

appropriate resources in a timely fashion. This is a service on top of the traditional hospice interdisciplinary team visitation services. Although specifically developed for a hospice program, this intervention might be modifiable to serve the needs of chronically ill seniors and disabled persons in DC. The intervention has improved patient and family satisfaction with the program while lowering utilization of clinical services and decreasing clinical miles traveled (Davis, M.S., et al., 2015). [EB program] [Domain 8]

Club Memory

Offered by the Sibley Senior Association, is citywide. It is funded by an Alzheimer's Disease Initiative Grant. The primary purpose is to build community around the person with Alzheimer's disease and their care partners. They provide daytime activities and support groups for both the person with Alzheimer's and their care partner, and also sponsor meals, outings (e.g., Lincoln Cottage, Arboretum), take people to art, music, and equine therapy, and sponsor congregate meals. [Domains 1,2,4,5,7, 8 and 12] Although currently focused on Alzheimer's disease and other dementias, the program may be amenable to adaption for persons with other chronic diseases and their caregivers.

General feedback for DCOA

- Many participants praised the work of specific contractors; [Domains 4,5,7, 8 & 11]
- Many participants cited concern that Adult Protective Services to respond adequately and in a timely manner to referrals from providers; [Domain 9]
- Many participants cited the need for implementation resources for the DC Medical Orders for Life-Sustaining Treatment (MOLST) Initiative that was legislatively passed but remains unfunded. [Domain 7]

ANALYSIS BY SERVICE PRIORITY

ANALYSIS OF SERVICE PRIORITY BASED ON SENOR SURVEY RESPONSES

To better understand which services have the highest priority to be addressed, we looked at senior respondent's perception of both importance and unmet need. Importance was assessed by asking the question "How important is this to you?" for each of 40 different services. Response categories were "very important, somewhat important, a little important, not at all important." For analysis, we assigned numerical scores ranging from 4=very important to 1=not at all important. To assess unmet need, we looked at the percentage of respondents who said either "don't know how to get services" or "can't afford services" or "won't share financial information" in response to the question "If you are not receiving assistance, why not?" (Other answer choices for this questions were "don't need," "never thought about this," "family's responsibility" and "other".) While respondents were asked to rate importance of each specific within a service category, they were only asked to give a reason for unmet need for a general category. For instance, respondents ranked importance of four specific services within the food and nutrition category: "having a meal with my friends", "information on how to eat healthy", "having meal brought/prepared at home every day", and "being able to afford enough food/groceries". However, the question about need, "If you are not receiving assistance, why not" was only asked once applying to the entire category of food/nutrition. For analysis, we applied the single response to the general category (e.g. food/nutrition) to all of the specific services within the category (e.g. having a meal with friends, information on how to eat health, etc.). This is a limitation in our measurement of need. With our method, every service within a category has the same need rating, even though it is possible that respondent perception about need actually varied by service within the category. Also, the order of unmet need is quite sensitive to whether the absolute number of people reporting need or the percent of respondents with need is used.

We conducted this analysis for all respondents to the senior survey, for just those who were seniors with disabilities, and for those whose incomes was less than $15,000 per year. Results for each of those groups is discussed next.

ALL SENIORS

Table 10 displays the importance and need ratings of each service, by order of importance rating, as rated by all respondents to the senior survey. Importance ranged from a high of 3.83 for safe place to live and safe sidewalks to a low of 1.97 for job training. Unmet need ranged from 39.4% in the housing category to low of 17.3% for civic participation and employment. Figure 5 displays a visual comparison for services ranked highly important

(more than 3- on a 4-point importance scale) and with high unmet need (at least 27.5% respondents). The higher a service is placed in the upper right hand quadrant the more it is both highly important and with high unmet need.

TABLE 10. SERVICES RANKED BY PERCEIVED IMPORTANCE AND NEED – ALL RESPONDENTS

Questions: How important is this to you?
If you are not receiving assistance, why not?

Answer OptionsUnmet	Average Importance	Need
Safe place to live29.2%	3.83	
Safe sidewalks29.2%	3.83	
Knowing what services are available35.9%	3.79	
Safe outdoor areas, such as parks29.2%	3.69	
Getting the exercise that is good for me26.7%	3.69	
Preventing falls and other accidents39.4%	3.55	
Someone to protect my rights, safety, property or dignity36.3%	3.42	
Keeping warm or cool as the weather changes39.4%	3.39	
Someone to call when I feel threatened or taken advantaged of36.3%	3.39	
Information on where to get additional help or support31.6%	3.37	
Information on how to eat healthy27.0%	3.35	
Volunteering or taking part in activities with others26.7%	3.31	
Transportation to healthcare related appointments25.1%	3.30	
Someone to help prepare my will, legal documents36.3%	3.29	
Assistance making choices about future medical care and end-of-life36.3%	3.28	decisions
Having someone to talk to when I'm lonely26.7%	3.27	
Information or assistance applying for health insurance or prescription35.9% coverage	3.25	
A senior center that is close to my home26.7%	3.24	
Being able to attend religious services26.7%	3.20	
Assistance with repairs and maintenance of my home or yard39.4%	3.19	
Assistance keeping my home clean34.1%	3.17	
Being able to afford enough food/groceries27.0%	3.16	
Having a meal with my friends or other seniors like me27.0%	3.12	
Modifications to my home so that I can get around safely39.4%	3.04	
Transportation to the grocery store and other errands25.1%	3.04	
Assistance for the people who help you31.6%	3.02	
Assistance applying for other benefits, e.g. SNAP (supplemental nutritional35.9% asst.)	3.01	
Transportation to the senior center, recreation activity, social event25.1%	2.93	
Transportation/assistance to pick up medications25.1%	2.90	
Assistance to pay rent, mortgage or property taxes39.4%	2.82	
Assistance to pay for medications34.1%	2.71	
Having meal brought/prepared at home every day27.0%	2.69	
Assistance with pest control, such as bed bugs, rats, etc.34.1%	2.67	
Assistance with washing and drying my laundry34.1%	2.61	
Assistance with personal care or bathing34.1%	2.50	
Assistance to vote17.3%	2.49	
Having someone assist me with my prescription medicine34.1%	2.48	
Assistance finding jobs17.3%	1.98	
Assistance with job training17.3%	1.97	

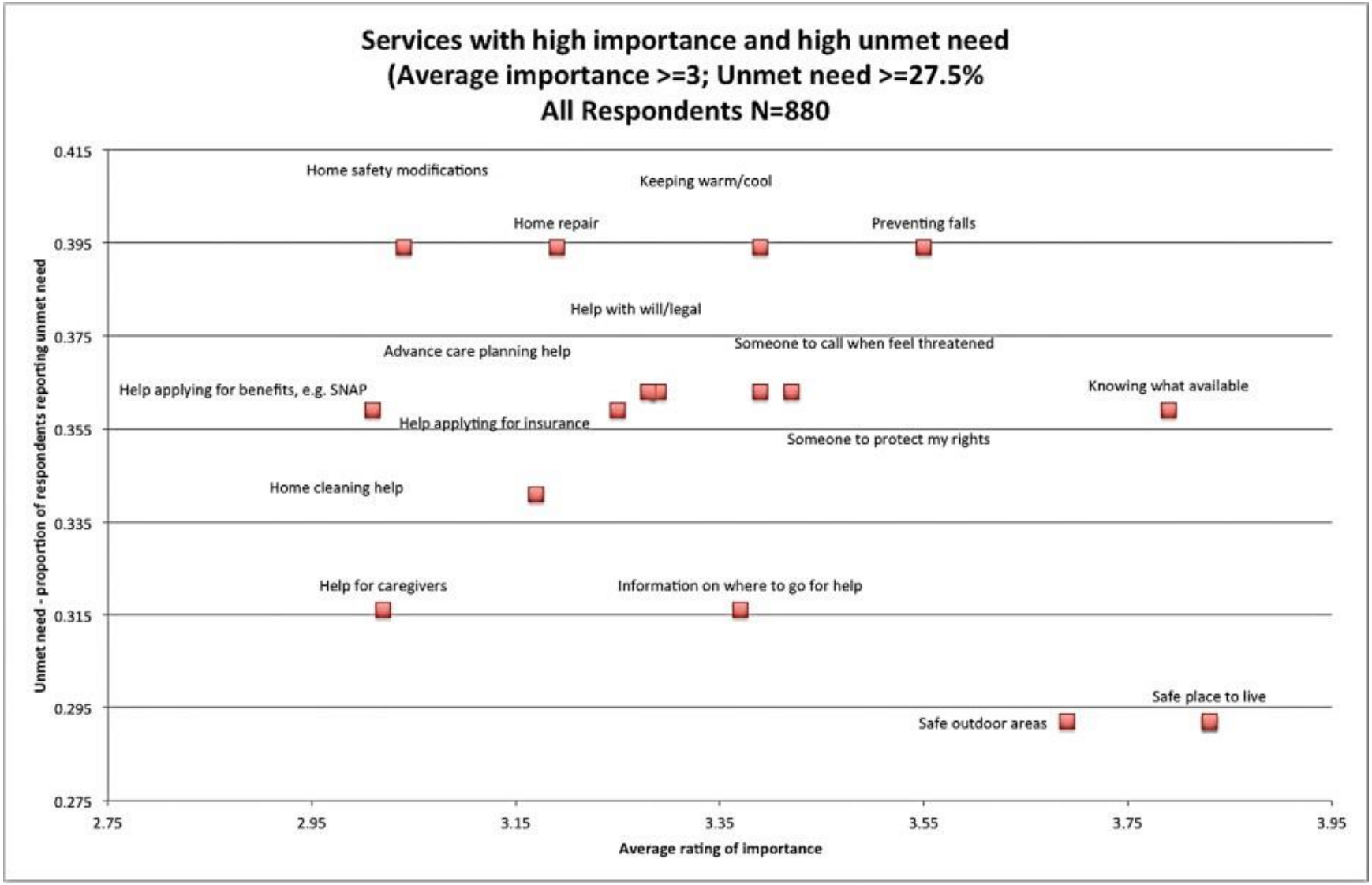


Figure 5: Services with high importance and high unmet need

Table 11 displays services that respondents consider highly important, but where need is lower. These may be success areas where service delivery is fulfilling a need, or it may be areas where need is simply lower. Note that two of the three top most important services (safe place to live and safe outdoor areas) had somewhat lower need than other services. Presumably, this is because people make a great effort to have this most important need (safety in living place and safety in the environment) met. Even so, 116 people (29% of respondents) reported this need was not met.

TABLE 11. IMPORTANT AREAS WITH LOWER UNMET NEED

Answer Options	Average Importance	Unmet Need
Getting the exercise that is good for me	3.69	26.7%
Information on how to eat healthy	3.35	27.0%
Volunteering or taking part in activities with others	3.31	26.7%
Transportation to healthcare related appointments	3.30	25.1%
Having someone to talk to when I'm lonely	3.27	26.7%
A senior center that is close to my home	3.24	26.7%
Being able to attend religious services	3.20	26.7%
Being able to afford enough food/groceries	3.16	27.0%
Having a meal with my friends or other seniors like me	3.12	27.0%
Transportation to the grocery store and other errands	3.04	25.1%

SENIORS WITH DISABILITIES

Compared to all seniors, seniors with disabilities rated many more services as highly important (3 or more). They also reported higher levels of need on many more services. Table 12 reports importance and need of services, in order of importance and Figure 6 displays visually those services with high importance (>3) and high need (>2.75). The two services that stand out as those with the highest combined importance and need are *knowing what* services are available and *preventing falls*.

A subset analysis of Seniors with Disabilities compared with Senior Survey Respondents as a whole revealed that Seniors with Disabilities were much more likely to rate services in all domains (with the exception of Domain 6) as Very Important, to receive needed

services from family and DCOA more often, and to rate assistance for the people who help me as Very Important 73% of the time and rating access to information on where to get additional help and support as Very Important 81% of the time.

Seniors with Disabilities were much more likely to report not receiving services due to not knowing how to get the service (ranging from 28% to 40% across domains) and not being able to afford services (9% to 21% across all domains). They were less likely to access information from print, radio, TV, Internet and the AARP and more likely to access information from the Office on Aging.

TABLE 12. SERVICES RANKED BY PERCEIVED IMPORTANCE & NEED–SENIORS WITH DISABILITY

Questions:
How important is this to you?
If you are not receiving assistance, why not?

Answer Options	Average Importance	Unmet Need
Knowing what services are available	3.89	61.3%
Safe place to live	3.88	42.6%
Safe sidewalks	3.83	42.6%
Preventing falls and other accidents	3.80	59.4%
Transportation to healthcare related appointments	3.76	43.3%
Information on where to get additional help or support	3.69	50.4%
Getting the exercise that is good for me	3.68	45.9%
Someone to protect my rights, safety, property or dignity	3.66	50.9%
Safe outdoor areas, such as parks	3.64	42.6%
Someone to call when I feel threatened or taken advantaged of	3.63	50.9%
Being able to afford enough food/groceries	3.60	41.6%
Keeping warm or cool as the weather changes	3.59	59.4%
Information on how to eat healthy	3.58	41.6%
Assistance keeping my home clean	3.57	55.6%
Transportation to the grocery store and other errands	3.50	43.3%
Someone to help prepare my will, legal documents	3.49	50.9%

Assistance for the people who help you	3.48	50.4%
Assistance with repairs and maintenance of my home or yard	3.47	59.4%
Assistance making choices about future medical care and end-of-life decisions	3.47	50.9%
Information or assistance applying for health insurance or prescription coverage	3.41	61.3%
Being able to attend religious services	3.41	45.9%
Modifications to my home so that I can get around safely	3.39	59.4%
Having someone to talk to when I'm lonely	3.39	45.9%
Assistance applying for other benefits, e.g. SNAP (supplemental nutritional asst.)	3.37	61.3%
Transportation/assistance to pick up medications	3.36	43.3%
A senior center that is close to my home	3.32	45.9%
Assistance to pay rent, mortgage or property taxes	3.28	59.4%
Assistance with washing and drying my laundry	3.24	55.6%
Transportation to the senior center, recreation activity, social event	3.24	43.3%
Having meal brought/prepared at home every day	3.20	41.6%
Having a meal with my friends or other seniors like me	3.18	41.6%
Volunteering or taking part in activities with others	3.17	45.9%
Assistance with pest control, such as bed bugs, rats, etc.	3.15	55.6%
Assistance to pay for medications	3.13	55.6%
Assistance with personal care or bathing	3.07	55.6%
Having someone assist me with my prescription medicine	2.96	55.6%
Assistance to vote	2.94	23.5%
Assistance with job training	2.05	23.5%
Assistance finding jobs	2.01	23.5%

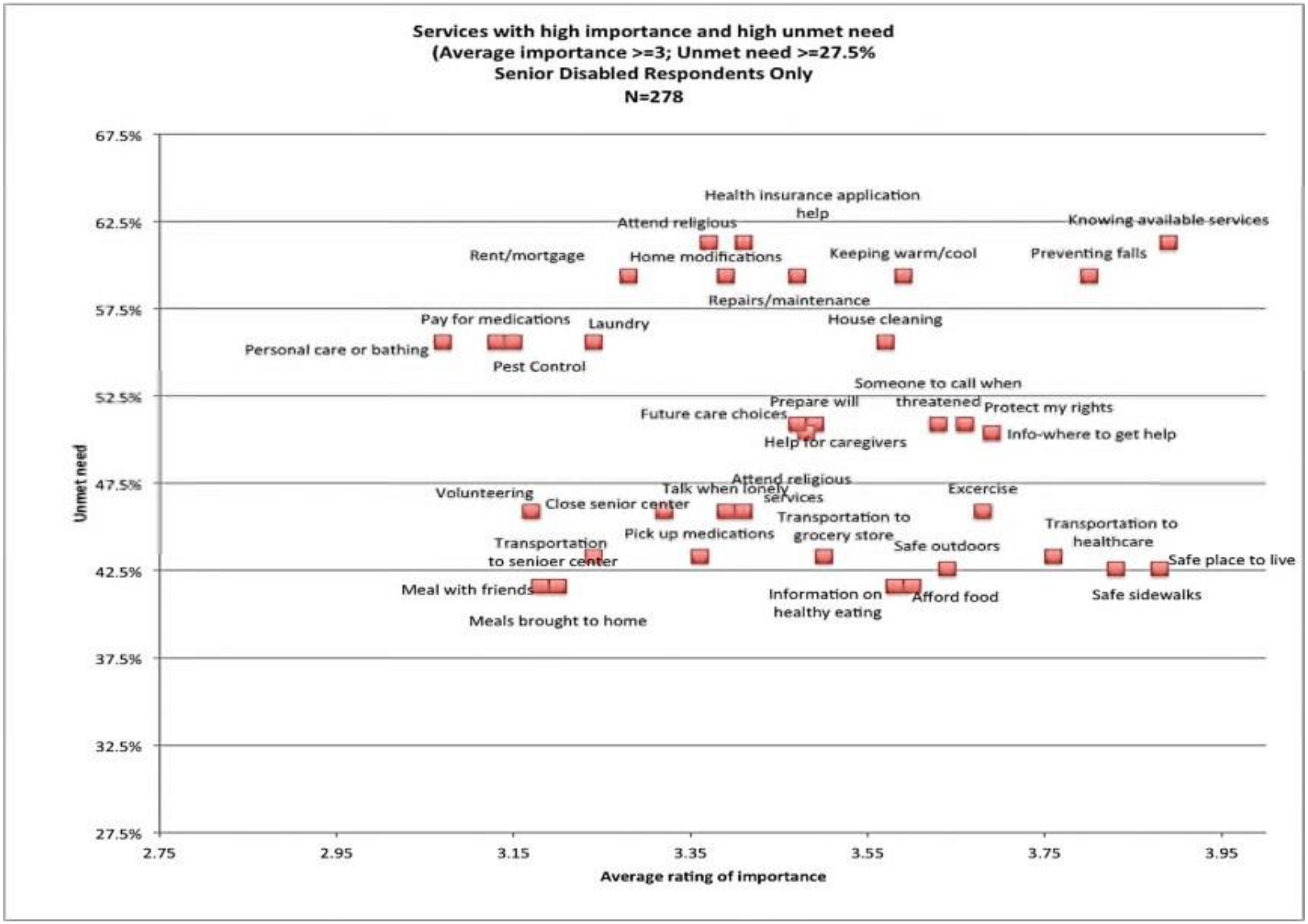


Figure 6. Services with high importance and high unmet need - senior respondents with disabilities

LOW-INCOME RESPONDENTS

Low-income respondents (reporting less than $15,000 in annual income) overlap so a certain extent with seniors with disabilities. The majority of seniors with disabilities (53.1%) reported income less than $15,000 annually. Like seniors with disabilities, lowincome respondents report many services as highly important and with high need. See Table 13. The most important service to low-income respondents was a safe place to live, and safe sidewalks. Knowing what services are available – which was the first priority for all seniors and for seniors with disabilities, was the third most important for low-income respondents. Figure 7. Provides an illustration of the relationship of services with high importance and high unmet need for seniors with low-income.

TABLE 13. SERVICES RANKED BY IMPORTANCE AND NEED–RESPONDENTS WITH LOW-INCOME

Answer Options	Average Importance	Unmet need
Safe place to live	3.86	38.5%
Safe sidewalks	3.81	38.5%
Knowing what services are available	3.80	50.0%
Getting the exercise that is good for me	3.70	44.9%
Being able to afford enough food/groceries	3.68	41.8%
Information on how to eat healthy	3.67	41.8%
Safe outdoor areas, such as parks	3.67	38.5%
Transportation to healthcare related appointments	3.66	43.7%
Information on where to get additional help or support	3.64	37.4%
Preventing falls and other accidents	3.63	44.1%
Someone to protect my rights, safety, property or dignity	3.61	38.4%
Someone to call when I feel threatened or taken advantaged of	3.61	38.4%
Information or assistance applying for health insurance or	3.60	50.0%
prescription coverage		
Keeping warm or cool as the weather changes	3.56	44.1%
Assistance applying for other benefits, e.g. SNAP (supplemental	3.47	50.0%
nutritional asst.)		
Assistance making choices about future medical care and end-of-life	3.46	38.4%
decisions		
Being able to attend religious services	3.45	44.9%
Someone to help prepare my will, legal documents	3.44	38.4%
Assistance for the people who help you	3.42	37.4%
A senior center that is close to my home	3.41	44.9%
Assistance to pay rent, mortgage or property taxes	3.39	44.1%
Transportation to the grocery store and other errands	3.39	43.7%
Having someone to talk to when I'm lonely	3.38	44.9%
Having a meal with my friends or other seniors like me	3.36	41.8%
Assistance keeping my home clean	3.34	40.7%
Assistance with repairs and maintenance of my home or yard	3.33	44.1%
Volunteering or taking part in activities with others	3.29	44.9%
Assistance to pay for medications	3.29	40.7%
Transportation/assistance to pick up medications	3.28	43.7%
Modifications to my home so that I can get around safely	3.25	44.1%
Transportation to the senior center, recreation activity, social event	3.24	43.7%
Assistance with pest control, such as bed bugs, rats, etc.	3.22	40.7%
Assistance with washing and drying my laundry	3.11	40.7%
Having meal brought/prepared at home every day	3.09	41.8%

Assistance with personal care or bathing	3.08	40.7%
Having someone assist me with my prescription medicine	3.06	40.7%
Assistance to vote	2.97	21.6%
Assistance with job training	2.37	21.6%
Assistance finding jobs	2.36	21.6%

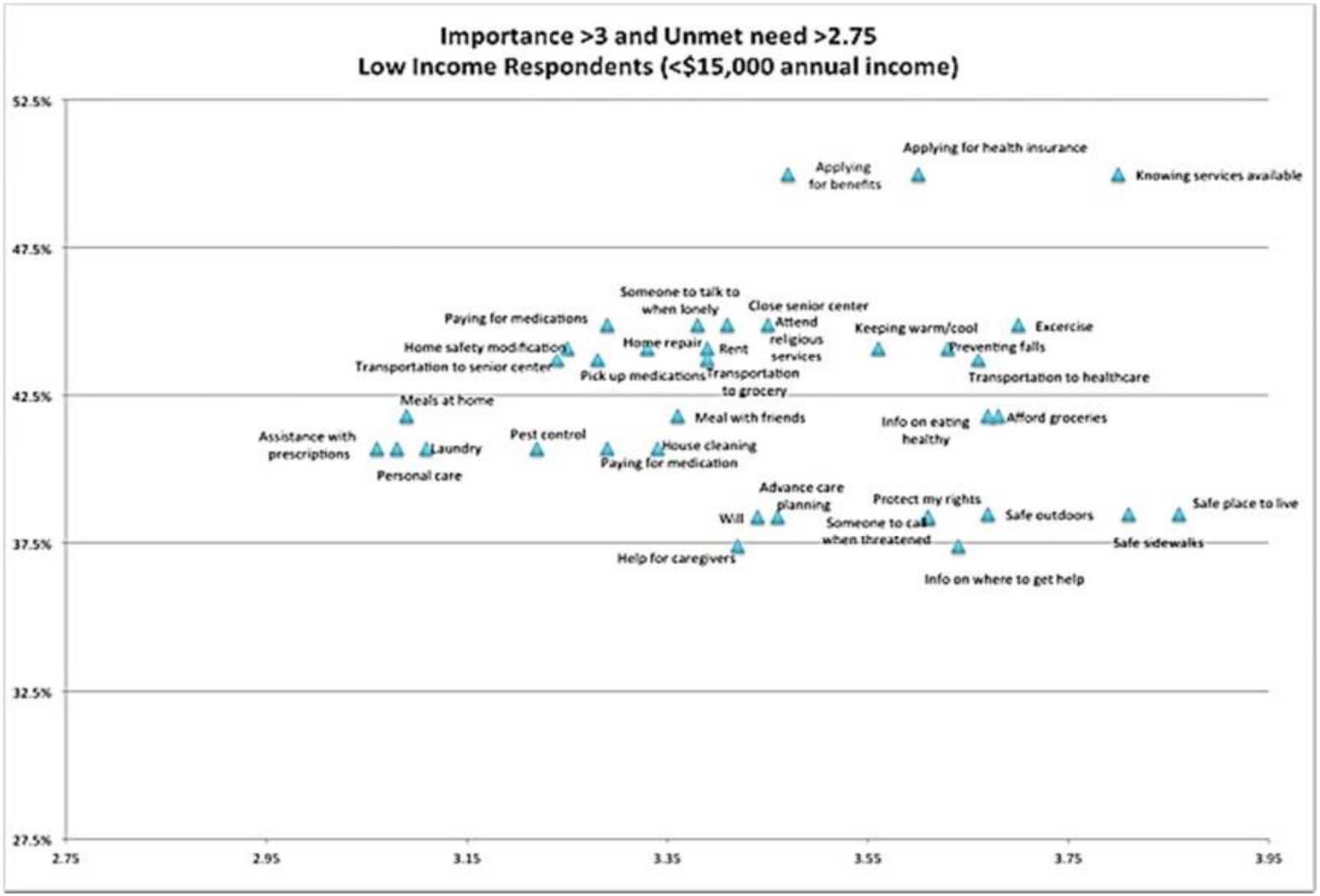


Figure7.Serviceswithhighimportanceandhighunmetneed-seniorswithlow-income

COMPARISON OF PRIORITIES AMONG ALL SENIOR RESPONDENTS, SENIORS WITH DISABILITIES AND SENIORS WHO ARE LOW-INCOME

In order to compare priorities between all seniors, seniors with disabilities and seniors with low-incomes, we created a *composite score* by adding importance and need. To put the importance score and the need score on a similar scale, we multiplied the average importance rating by 10 and converted the need score from a percentage to a number between 1 and 100. Then we added the scaled importance score to the scaled need score. This composite score is shown in Table 14. The top 20 services are shown in the chart, and those ranked within the highest five are color coded so they can be easily found in the other groups. For instance, the highest ranked service for all seniors was preventing falls. This is colored gray and can be seen to move down to the number two ranking among seniors with disabilities, and the number five spot among low-income respondents.

TABLE 14. TOP 20 SERVICES RANKED BY ALL SENIORS, SNEIORS WITH LOW-INCOME, AND SENIORS REPORTING DISABILITIES

All Senior respondents	Low-Income (<$15,000)	Disabled
Preventing falls and other accidents	Knowing what services are available	Knowing what services are available
Knowing what services are available	Information or assistance applying for health insurance or prescription coverage	Preventing falls and other accidents
Keeping warm or cool as the weather changes	Assistance applying for other benefits, e.g. SNAP (supplemental nutritional asst.)	Information or assistance applying for health insurance or prescription coverage
Assistance with repairs and maintenance of my home or yard	Getting the exercise that is good for me	Keeping warm or cool as the weather changes
Someone to protect my rights, safety, property or dignity	Preventing falls and other accidents	Assistance applying for other benefits, e.g. SNAP (supplemental nutritional asst.)
Someone to call when I feel threatened or taken advantaged of	Transportation to healthcare related appointments	Assistance with repairs and maintenance of my home or yard
Modifications to my home so that I can get around safely	Keeping warm or cool as the weather changes	Modifications to my home so that I can get around safely
Someone to help prepare my will, legal documents	Being able to attend religious services	Assistance to pay rent, mortgage or property taxes
Assistance making choices about future medical care and end-of-life decisions	A senior center that is close to my home	Assistance keeping my home clean
Information or assistance applying for health insurance or prescription coverage	Having someone to talk to when I'm lonely	Assistance with washing and drying my laundry
Assistance to pay rent, mortgage or property taxes	Being able to afford enough food/groceries	Someone to protect my rights, safety, property or dignity
Safe place to live	Information on how to eat healthy	Information on where to get additional help or support
Safe sidewalks	Assistance to pay rent, mortgage or property taxes	Someone to call when I feel threatened or taken advantaged of
Safe outdoor areas, such as parks	Volunteering or taking part in activities with others	Assistance with pest control, such as bed bugs, rats, etc.
Assistance applying for other benefits, e.g. SNAP (supplemental nutritional asst.)	Transportation to the grocery store and other errands	Assistance to pay for medications
Assistance keeping my home clean	Assistance with repairs and maintenance of my home or yard	Assistance with personal care or bathing
Information on where to get additional help or support	Safe place to live	Someone to help prepare my will, legal documents
Getting the exercise that is good for me	Modifications to my home so that I can get around safely	Assistance making choices about future medical care and end-of-life decisions
Assistance for the people who help you	Safe sidewalks	Having someone assist me with my prescription medicine

Assistance to pay for medications	Transportation/assistance to pick up medications	Assistance for the people who help you

RESULTS: BEST/GOOD PRACTICES

Best/good practices were identified by review of literature and by reviewing websites and organizational information. There were 166 practices identified. One practice was excluded as it was DC's 311 smartphone app that corresponds with its Block-by-Block walk and street improvement program [Domain 1]. 165 practices are evaluated using the American Public Health Association's (APHA) Health in All Policies framework. In response to siloed efforts, increasing demands and challenges, and limited revenues these criteria highlight innovative approaches to improve efficiency and outcomes within and among government agencies (Rudolph, Caplan, Ben-Moshe, & Dillon, 2013). The five criteria to evaluate policy options in Health in All Policies include: 1) Promoting health and equity, 2) Supporting inter-sectoral collaboration, 3. Creating co-benefits for multiple partners, 4) Engaging stakeholders, and 5) Creating structural or process change.

PROGRAMS BY DOMAIN

There is a plethora of Best/Good Practices identified in the DCOA 2016 Needs Assessment that may be useful to address the needs and concerns of older adults and service providers. The numbers of selected practices identified are illustrated in Table 16. How these practices may be used is highly dependent on the intention, resources and skills available for implementation. However, they also illustrate the range of creative and innovative possibilities of addressing each domain. While many domains are not exclusive, many best/good practices programs cross over into other domains and the researchers selected a primary domain.

TABLE 16. BEST/GOOD PRACTICES BY DOMAIN

	Practices
Administrative	4
Domain 1: Outdoor Spaces and Building	5
Domain 2: Transportation	14
Domain 3: Housing	13
Domain 4: Social Participation	10
Domain 5: Respect and Social Inclusion	16
Domain 6: Civic Participation and Employment	11
Domain 7: Communication and Information	19
Domain 8: Community and Health Services	36
Domain 9: Emergency Preparedness and Resilience	2
Domain 10: Legal Issue	13

Domain 11: Food Security	13
Domain 12: Caregivers	10

Detailed descriptions and contact information of the selected Best/Good Practices by domain can be found in Appendix 14. For full results please go online to https://cahh.gwu.edu/aging-programs-best-practices for a complete listing of available best practices.

The limitation of this Best Practices review is that it is not an all-inclusive list of successful age-friendly practices. This is a summary of available, published practices highlighted by age-friendly groups. Note that these Best Practices provide opportunities for DCOA to explore future program options, including partnerships or collaborations that can take various forms.

DISCUSSION

This section will discuss the findings of the DCOA 2016 Needs Assessment in relation to other studies, such as the AARP Livability Index, Age Friendly DC and Health People 2020. In addition, the discussion may highlight developing programs and selected Best Practices that may address the overall findings from each domain. Appendix 15 Integrated Results of Survey, Interviews and Best Practices, which provides an overview that may guide the reader in regards to each domain. It illustrates the common needs and opportunities that were identified across the 3 major pathways of information developed in this study, i.e. surveys, interviews and best practices.

DOMAIN 1: OUTDOOR SPACES AND BUILDING

The first domain illustrates the importance of accessible outdoor spaces and buildings, which allow for individuals of all abilities to increase their independence and social connectedness. The AARP Livability index highlights that in DC walk trips per day are 1.27, which is in the top third of communities in the country. However, older adult survey respondents indicated that items in this domain are "Very Important". Many narrative comments indicated that sidewalks in DC are particularly problematic. A sidewalk linking a home to a corner grocery store that has cracks, rises, or lacks a curb cut prohibits those using assistive devices (walkers, canes, wheelchairs) from utilizing a pedestrian network. This will limit daily tasks and recreation. According to the AARP livability index, in DC the proximity to destinations, such as grocery stores, farmers' markets, and parks are in the top third of neighborhoods in the nation. The AlertDC (311) social platform alerts to walkability needs is a success, and it has been highlighted by AARP as an Age-Friendly good practice.

Additionally, DC Healthy People 2020 created an objective to ensure all residents have access to parks and open spaces within half a mile. In 2015, this held true for 97% of District residents. The DC 2020 objective is for 100% of residents to have access to parks and open spaces (District

of Columbia Department of Public Health, 2016, p.60). As a recommended strategy, DC Healthy People includes all-age and ability renovations be done for playgrounds and parks (District of Columbia Department of Public Health, 2016, p.60). This is a strategy seen in communities, such as Wichita, Kansas, that have acknowledged the caretaker role many older adults take with grandchildren. This strategy promotes healthy behavior for older adults and models healthy behaviors for young children.

DC Parks Rx is a program to increase activity in children that could be readily adapted for increasing older adult's opportunities for activity. See http://aapdc.org/chapterinitiatives/dc-park-rx/. DC Parks Rx is a Community Health Initiative of health providers, the DC Chapter of the American Academy of Pediatrics, National Park Service, DC Departments of Health and Parks and Recreation, US Health and Human Services, National

Environmental Education Foundation, George Washington University, National American Academy of Pediatrics, and National Recreation and Parks Association. Dr. Zarr has created an online database of green spaces in DC, i.e. grassy triangles at road intersections to swaths of Rock Creek Park that includes specific data about access, safety and facilities. This is the first tool of its kind that enables physicians to prescribe a stroll in the park by entering the person's zip code into their records to retrieve specially tailored summaries and maps. While this program was developed to encourage children to engage with nature and be outdoors more, it could be expanded for physicians who care for older adults to encourage outdoor activity. Physicians may need education on how to write effective exercise prescriptions that include recommendations on frequency, intensity, type, time, and progression of exercise that follow disease-specific guidelines. (McDermott, A. & Mernitz, M. 2006).

DOMAIN 2: TRANSPORTATION

The ability to travel to social events, the grocery store, the pharmacy, or to medical appointments was important to respondents in the Senior Survey and it is a vital component of Age-Friendly community. Older adults (16%) indicated they did not know how to get help with transportation services and 6% of respondents indicated they could not afford the service. DC residents are in an urban area, and they have access to a number of different transportation programs. There are 242 buses and train trips per hour in the district, one of the highest rated communities in the country. Transportation is available from automobiles, bus lines, metro, ride-sharing services, shuttle services, and even volunteers in the Villages. However, the distance between a destination and a drop-off location affects the ability of older adults to travel within the District. Additionally, elevator outages in Metro stations, buses without ability to lower stairs, and car services that refuse to service people with assistive devices all impact accessibility.

Service Providers and the subset of Seniors with Disabilities ranked this service as a very important need. DC Metro offers discounted rates for persons 65 years of age and older, and persons who are disabled. But Service Providers indicate there are not enough

vehicles, pick-up service is unreliable and scheduling is inflexible. Timeliness, promptness, and quality of services affect the older adult and caregiver's utilization of services. For example, a senior may schedule a follow-up medical appointment at 10am. But if a ridesharing van service allows for a 4-hour window for pick-up, this impacts the person's ability to get to the appointment if van services starts at 8am.

In DC, alternative transportation for passengers with disabilities who can't ride a bus or subway is funded by the American with Disabilities Act (ADA). Metro Access paratransit service offers those riders door-to-door service in specially equipped vans. However, this program has at times been suspended or limited due to running out of funds.

Ride-sharing services have expanded to include UberAccess with trained drivers that can help individuals with assistive devices. Additionally, UberWAV connects passengers to wheelchair accessible vehicles. Uber recently partnered with Relatient and MedStar Health to prevent missed appointments and maintain an active plan of care so that patients are not lost to subsequent appointments (Tan, 2016).

It can be difficult determining what services are affordable, available, and accessible for older adults and their caregivers. Other states and cities have responded by providing free rides for seniors on all public transportation through state lottery taxes, developing educational programs, and creating one-call centers to facilitate scheduling on behalf of older adults.

DOMAIN 3: HOUSING

While many people hope to remain in their own home as they age, concerns of accessibility and affordability hinder the ability to age in place. This was evident in the responses from both the Senior Survey and Service Providers survey, as well as interviews with leaders in aging care. Home modifications, keeping warm or cool with weather changes, and preventing falls were of major concerns.

As older adults proactively or reactively respond to the aging process, the most common projects needed for home adaptations include: grab bars, ramps, increasing widths of doorways, lever- handled doorknobs, changing flooring to prevent injuries, adding pullout shelving, widening front entrance, shifting master bedroom to first floor, lowering electrical switches, adding a lift on the stairs, lowering countertops, installing higher electrical outlets, adding a personal alert system (Cusato, 2015). DCOA and Department of Housing and Community Development have partnered to manage the Safe at Home program that allows for $10,000 to go towards home-modifications for eligible residents (DCOA, n.d.x.). Given that only 1.2% of home have this street-level accessibility in the District according to the AARP Livability Index developing solutions to age in place is critical. Certain states such as Portland, Oregon have decreased the cost of building and construction permits for accessory dwelling units and grandmother's quarters.

Beyond home modification that may be necessary to maintain their ability to live at home older adults often report concerns on the rising cost of rent, mortgages, and property taxes. With restricted incomes changes to these can limit their ability to live within the District. It is estimated that the housing cost burden is 17.5% for seniors and the average cost of rent is $1,537 per month, requiring an income of at least $18,444 before utilities, groceries, and health care expenses. Landlords can increase rent annually. The Elderly and Disability Tenant Rent Control Registration Clinic limits the rental increase to the consumer price index up to 5%. To be eligible those who are elderly or disabled must register with the Rent Administrator's Office.
As the population in the District ages and grows, a major concern is the future demand of limited capacity for housing individuals. Estimates that the annual care of an individual in a nursing home costs more than care provided in the home. Many District residents can't afford private care or nursing home care and spend down and turn to Medicaid for longterm care expenses. Innovative solutions within the District include developing age integrated living environments for individuals and families of all ages and the Village model. Integrated living environments can be both building-based and neighborhoodbased versions, which can provide core services, including case management, case assistance, information and referral, and health-care-related services.

The Villages program is a national and international program that helps neighborhood communities to develop resources and support services to keep older adults in their homes independently and provide support for the families and caregivers who assist them. In Washington DC, there are approximately fourteen such Villages, which provide a variety of volunteer services, including transportation for groceries and medical appointments, home modifications, yard clean up, computer support, exercise and social activities, and other essential needs. Many of the Villages are in the process of training their volunteers to go to medical appointments with older adults for coaching and note-taking.

Villages utilize community volunteers to provide resources and support services for older adults living at home and their families and caregivers. One Village member who is bed bound was able to age in place and act as a vital member of the Village community. This Village member makes daily calls to other seniors to provide medication reminders and daily wellness checks while other neighbors assist him with meals, home maintenance, and ADLs. The Villages are also a great resource for successful aging-in-place model that uses community services and local professionals, including healthcare, and vendors. The Washington Area Villages Exchange (WAVE) is a local non-profit organization that connects, assists the Villages, and furthers their progress in the Washington, DC metro area. Member Villages are located in DC, Maryland, Virginia, and West Virginia.

DOMAIN 4: SOCIAL PARTICIPATION/DOMAIN 5: & RESPECT AND SOCIAL INCLUSION

Older adult survey respondents indicated it was very important to get exercise, have opportunities for volunteering, be able to talk with others, go to a Senior Center and attend

religious services. However, 20% indicated they didn't know how to access these services and activities. Service Providers indicated lack of transportation and personal care assistants may limit the older adult's ability to go out.

According to the AARP Livability Index, DC senior's social involvement, that is the extent to which they share meals with others, call or see relatives and friends, is in the bottom third of communities in the countries. However, their ability to engage with cultural, arts and entertainment institutions is one of the highest with 1.9 institutions per 10,000 people, while the national median is 0.6. While social participation, respect and social inclusion may not seem as critical as falls prevention or adequate food to eat, maintaining relationships and social engagement improve health outcomes and help reduce the three plagues of older adulthood, i.e. loneliness, helplessness, and depression. Loneliness is a public health issue. Perisonotto, Zenzar & Covinsky (2012) found that those who were over age of 60 and who felt lonely experienced declines in ADL, mobility, upper extremity tasks, and climbing, which results in an increased risk of death. A meta-analysis of studies regarding socialization has found that lack of social relationships is comparable to alcohol misuse, smoking, and obesity (Holt-Lunstad, Smith & Layton, 2010). In response to loneliness, programs such as the Silver Line in the United Kingdom provides a confidential, 24-hour helpline that allows people to chat on the phone (Hafner, 2016).

DCOA has partnered with the Department of Parks and Recreation (DPR) to make exercise classes and activity programs more visible and available to older adults in DC. Recreation Centers provide a community for older adults to come for a specific class or to stay all day for socialization and companionship.

Socio-emotional selectivity theory presents the concept of introducing time horizons to evaluate the motives behind individuals choosing to participate in an activity or not. When an individual views time as finite he/she chooses activities that are deemed meaningful (Carstensen, 2006). The concept of imagining one's own shift of time from infinite to finite is not limited to age. Sheryl Crow, the well-known singer, after being diagnosed with breast cancer began to focus her attention and time on meaningful opportunities (Weller, 2014). Meaningfulness is an often over-looked aspect of well-being (Kauppinen, 2011) and related meaningful activities have the potential to engage residents and decrease boredom and loneliness.

Age Friendly DC is working to combat ageism and stereotypes of seniors, which negatively affect their ability to engage in self-identified meaningful activities. Becca Levy's body of research demonstrates the negative health impacts (physical and mental state decline) of self-perceived stereotypes with older adults. Marshall's discussion (2014, p. 1) notes that, "balance, gait speed, hearing, risk of cardiovascular events and recovery time from such an event" suffer. Additionally, memory performance, self-care and will to live also decline (Marshall, 2014). These have serious implications for potentiating depression, loneliness, boredom, and agitation (Harper Ice, 2002).

DOMAIN 6: CIVIC PARTICIPATION AND EMPLOYMENT

While items in this domain were not rated as important by Seniors or Service Providers, nearly half of the older adults would like assistance voting and 25% would like opportunities for job training and finding a job. Service Providers indicated that older adults need more job opportunities that do not involve IT expertise and/or they need training in the use of computer technologies. There were 64% of respondents who indicated they were retired, but there were also 7% who were still working fulltime.

Older adults are a vital resource to the community. As life expectancy and financial demands increases some older adults find it necessary to push retirement past the age of 65 to make ends meet or to stay engaged. Older adults have a wealth of personal and professional knowledge that does not need to end with retirement or retirement age. Research has shown that part-time employment and volunteerism can provide a sense of meaningfulness to older adults.

In the District, there are 0.72 jobs per person. (AARP Livability Index) Volunteer work is an economic and social benefit to both the older adult and the organization. Research reflects that depressive symptoms can decrease throughout middle and later life through acts of volunteerism (Li & Ferraro, 2006). Current estimates show that 28.1% of District seniors volunteer for an organization (United Health Foundation, 2016). There are numerous, diverse opportunities available throughout the District since there are approximately 27.1 organizations per 10,000 people (AARP Livability Index). Healthy People 2020 recommended strategy is to increase the number of older adults who volunteer or participate in civic activities (District of Columbia Department of Public Health, 2016, p.60).

Civic participation is important with developing Age-Friendly Cities. The voting rate for all DC residents was 58.7% Of the registered senior voters in DC, 53% voted in 2014 (Mellnik & Lu, 2015).

DOMAIN 7: COMMUNICATION AND INFORMATION

Knowing what services are available was one of the highest ranked needs of older adults, as well as Service Providers. Older adults indicated the most common sources of information were “word of mouth” (43%), followed by AARP (40%), DCOA (34%), Senior Centers (39%) and printed news (32%). In addition, 25% got their information from the Internet. It was also consistent across all domains that approximately 20% of older adults did not know how to access information about services in each domain.

So for effective information transmission for Seniors and Service Providers within the District, it needs be clear and appropriate to the receiver. DCOA website is a centralized

location for providing information. With numerous district initiatives, reports, service offerings, and events to market the ability to distill information as a consumer presents a challenge to older adults. The National Institutes of Health provides recommendations to make senior-friendly websites. Websites with concise information allow consumers especially older adults the ability to select, absorb and remember information without the feelings of information overload. Breaking information into short sections makes selections easier. Two AAAs have condensed selections into groups such as I am a senior, I am a caregiver, I am person with disabilities, or I am a community partner. Information must be accessible, translatable, and as needed ("just in time"). It must meet health literacy guidelines, as well as age- and disability-friendly recommendations. Confusion or unawareness of programs within the District is mitigatable through outreach and Internetfriendly sites for seniors. Word-of-mouth marketing is well recognized and trusted source of information, as we evolve to electronic word-of-mouth using short stories and trusted community leaders' experiences can be effective used as effective marketing methods (Bao & Chang, 2014).
About 1/3 of Senior Survey respondents used the online survey to respond to the 2016 Needs Assessment. According to the AARP Livability index, 89.2% of residents have highspeed, low-cost Internet service. Older adults have less access to and daily use of the Internet compared to the adults 18 and over (Zickuhr & Madden, 2012). Identifying the remaining 10% can allow DCOA to communicate programs and service-offerings. DC Healthy People 2020 Older Adult strategy is to increase access to technology at home and in public places for low-income residents (District of Columbia Department of Public Health, 2016, p.60).

In addition to obtaining information about services, an expanded online service could address many other aspects of service provision and data management. Service Providers indicated the need for online platforms that could be used for a variety of needs, such as client check in (which enables service tracking), recording client services and needs, collaborating across agencies, managing data and enabling quality improvement metrics.

DOMAIN 8: COMMUNITY AND HEALTH SERVICES

The older adult respondents indicated it was "very Important" to have assistance in keeping their home clean (59%), assistance with personal care (41%), assistance paying for medications (48%) and for taking medications (36%). Service Providers more frequently rated these needs higher than seniors; they also included assistance with pest control. The interviews with healthcare professionals also indicated a lack of access to inhome personal care due to several reasons, including inability to pay and a prolonged time to actually arrange in-home services. In addition, they noted: 1) difficulty placing older adults in nursing home care when there wasn't a qualifying 3-day hospital stay, 2) lack of adequate geriatric primary care services, particularly in-home, 3) need for point-of service electronic information, and 4) more focus on chronic disease management.

The Community and Health Services within DC could be dissected into primary, secondary and tertiary care. Primary care focuses on prevention of disease, secondary focuses on mitigating the progression of disease burden through disease management and tertiary focuses on acute effects of disease. Primary prevention focuses on population health. In DC Healthy People 2020, three objectives speak to improving population health. The first objective is to improve the overall health of older adults by 50%. The target is for 90% of DC residents 50+ who participate in the survey to rate their health status as good or better. The baseline was set at 73.6% in 2011, and it increased to 76.9% in 2013. The goal is 90% by 2020 (DC Healthy People 2020 Plan). The second objective is to increase the percentage of seniors (50 years old+) who participate in regular physical activity from 76.2% in 2013 to 89.6% in 2020 (District of Columbia Department of Public Health, 2016, p.60). Physical activity builds muscle mass, promotes cardiovascular health, and reduces fall risks. On a similar note, DC Healthy People 2020 third objective in primary prevention is to reduce the rate (per 100,000) of emergency department visits due to falls among older adults (65+). In 2014, there were 2053 falls and in 2015, a total of 2798 falls (District of Columbia Department of Public Health, 2016, p.60). The Robert Wood Johnson Foundation's County Health Ranking and Roadmaps supports data on fall prevention courses as improving health outcomes, decreasing costs, and promoting socialization.
The Senior Wellness Centers, Lead Agencies, Department of Parks and Recreation and many other community centers and programs help to address these needs. However, many of the SWC and DPR programs are full and unable to accommodate the numbers of older adults who want programs. In addition, as previously noted, Wards 2 and 3 do not have a Wellness Center in their geographic area. There are several examples of online Senior Wellness Centers with a full array of programs for socialization, physical activity, health education, chronic disease management, and other topics of interest. Additional best practices are identified in Table 15 that could be utilized to improve population health.

In regards to secondary disease prevention, chronic illness was identified by current providers as a growing need during the past 5 years. The DCOA SSN noted that previously they primarily worked with other social workers, but now they were working more with interdisciplinary healthcare professionals. There are 92% of seniors in the District who have a dedicated healthcare provider compared to 94.3% nationally (United Health Foundation, 2016). There are 23.7% of seniors in DC who are obese compared to 27.5% nationally; and 7.7% of seniors report mental health was not good 14 or more days during the past month compared with 7.3% nationally (United Health Foundation, 2016). Besides noting a shortage of primary care providers for older adults, several older adults commented on the lack of respect and sensitivity to the concerns of aging.

Demand for social services are increasing and waitlists grow with the aging population. Unmet health-related social needs, i.e. food, adequate or stable housing, transportation for medical care, can exacerbate chronic health problems leading to higher disease burden, and increased healthcare utilization and costs (CMS, 2016). There is a need to bridge social services more effectively with health and medical care services. With pushes for shorter hospitalizations individuals are released earlier than ever. As accountable care

organizations and health plans pressure providers to provide cost-effective care, the increasing demands of the population require care coordination for community resources and supports to maintain a healthy community. Care coordination assesses individual needs and then connects community resources with the individual and offers reassessment when necessary. The lack of or ineffective coordination of necessary services post-hospitalization generates subsequent demands on social services and the healthcare system. If needs are not met in the community, individuals are more likely to seek healthcare from emergency departments resulting in readmissions and risk nursing home placement which decreases their desire to age-in place, or die waiting for services.

Effective coordination of community services allows individuals to receive cost-effective services in a timely matter preventing hospitalization or institutionalization. To emphasize the impact this has, Michigan has been pushing to become a no-wait state for older adults. Their efforts have resulted in relaxed wait list rules that previously resulted in long eligibility periods; in addition, they have organized and advocated with the legislature for additional funding to support demands on the social system.

Care coordination may also be improved with the addition of an advanced practice nurse (clinical nurse specialist or nurse practitioner) to collaborate with service providers to increase chronic disease management, care coordination that includes convening stakeholders, and education/staff development to apply nationally recognized clinical guidelines in population health. This offers a proactive approach to improving disease management and social determinants of health, such as environmental conditions, education, nutrition and social support.

DOMAIN 9: EMERGENCY PREPAREDNESS AND RESILIENCE

Although the DCOA 2016 Needs Assessment does not specifically address emergency preparedness and resilience this is a pertinent topic for those in DC. Located in the midAtlantic area, the nation's capital faces threats from severe weather and terrorism. The loss of power and the disruption of systems and services upon which older adults rely, include but are not limited to transportation, communication, health care, elevators, and social supports. Following these events, older adults can be isolated in high-rise buildings and private homes, in need of food, water, warming or cooling, medical attention, and medication.

There is evidence indicating that older adults with strong social networks may be more psychologically resilient in the face of disaster (Wells, 2012). Evidence also suggests that older adults may be more vulnerable in disasters due to a predisposition to one or more of the following factors: mobility and cognitive impairment, chronic health conditions, diminished sensory awareness, social isolation, and financial limitations. These findings are neither mutually exclusive nor contradictory but rather illustrative of a population that is multifaceted, and diverse.

Future questions for a DCOA Needs Assessment should address emergency preparedness and resilience. The Federal Emergency Management Agency and Red Cross encourage older adults to prepare for emergency situations (Federal Emergency Management Agency, 2014; Red Cross, 2009). Three prevention activities for older adults include:

- Maintain an emergency supply kit (water, food, medications, radio, batteries, oxygen, and emergency documents).
- Have a personal support network to help meet your needs in case of an emergency.
- Identify information sources to gain more knowledge about the disaster.

DOMAIN 10: LEGAL ISSUES

DC Healthy People 2020 Objective-5 is to prevent an increase in elder abuse (cases). DC's 2020 target is 892 cases. As part of the recommended OA Strategies-1 is to include screening in preventive care visits related to abuse of elderly adults. With the lack of sensitivity for primary care providers to issues of older adult care, education may be a critical aspect for reaching this goal. Over 60% of respondents rated the services in this domain as "Very Important", i.e. assistance with choices in future medical care (advance care planning), protection for rights, safety, property, or dignity, and someone to call when feeling threatened or taken advantage of.

Documenting one's wishes is crucial before end of life events occur. Approximately 73% of people prefer to die at home (Cable News Network, Roper Center for Public Opinion Research, Time, & Yankelovich Partners, 2000); however, 67% of people die in medical facilities (Teno, Gozalo , Bynum, & et al, 2013). This incongruence suggests a lack of communication between family members and providers. Forty percent of adult in-patients are incapable of making medical decisions (Raymont et al., 2004) and up to 69% of nursing home residents cannot make their own decisions (Kim et al., 2002). This research suggests that advance care planning (ACP) is a crucial determinant to receive the type of care one desires. One aspect of ACP has been developed in DC with an initiative for Medical Orders for Life Sustaining Treatment, but it has not been funded.

ACP educational initiatives occur in localized areas. Dr. Bernard Hammes led local initiatives in LaCrosse, Wisconsin to broach EOL and ACP within the community at churches, schools, and community clubs (Joffe-Walt, 2014). Hammes success in this effort has led to 98% of deceased persons in Wisconsin to have an Advanced Directive; and no one received care that was inconsistent with their wishes (Hammes & Rooney, 1998; Hammes, Rooney, & Gundrum, 2010). As a result, LaCrosse is one of the lowest cost Medicare areas in the country and is in the tenth percentile of Medicare spending per beneficiary (Hammes, Rooney, & Gundrum, 2010; Joffe-Walt, 2014). ACP is now more available to Medicare beneficiaries, as effective January, 2016, Medicare reimburses for voluntary ACP.

Service providers indicated that older adults were frequently unwilling to report abuse, have inadequate access to needed services, and Adult Protective Services could be unresponsive and ineffective.

DOMAIN 11: FOOD SECURITY

Food is a basic need for health. In 2014, Washington DC was ranked 7th for threat of senior hunger (Ziliak, J. & Gundersen, C., 2016. The State of Senior Hunger in America 2014: An Annual Report June 2016, National Foundation to End Senior Hunger). There are three characterizations of food insecurity: 1) the threat of hunger, when a person is defined as marginally food insecure due to having answered affirmatively to one or more questions on the Core Food Security Module in the Current Population Survey (CFSM); 2) the risk of hunger, when a person is food insecure (three or more affirmative responses to questions on the CFSM); and 3) facing hunger, when a person is very low food secure (8 or more affirmative responses to questions in households with children; 6 or more affirmative responses in households without children). Food insecurity increases the risk of malnutrition and poor health outcomes. A randomized control trial, More than a Meal, compared seniors' loneliness in the waitlisted group (control) versus home-delivery group. They reported that those who received daily home deliveries, not only received nutrition support, but they self-reported decreased loneliness (Thomas, Akobundu, & Dosa, 2015). Research has demonstrated that home-delivered meals is a method to maintain low-care older adults out of nursing homes and saved millions in Medicaid funding (Thomas & Mor, 2013). Food delivery programs improve food security as well as the recipients' physical and mental health outcomes. However, home delivered meals are still just one meal daily, and they do not provide all the nutrition seniors need to survive. Many times this one meal often accounts for about 70% of a senior's total nutritional intake for the day. In addition to basic lack of food, many of the poorest seniors lack pots and pans, spices, working stoves and refrigerators.

In DC, 19% of seniors are at threat of being hungry (Ziliak & Gunderson, 2016, p.6). To address this need, DC has a high Supplemental Nutrition Assistance Program (SNAP) enrollment. In addition to addressing basic food insecurity, older adults with chronic health problems and frailty require special food supplementation. DCOA has a nutrition supplement program for frail older adults to receive liquid nutrition supplements. But this program is underfunded and people have difficulty accessing this service.

Older adult survey respondents also indicated the desire for education on how to eat healthy. They need access to a registered dietitian nutritionist especially to assist the frailest seniors and their caregivers to reverse the devastating effects of senior malnutrition.

The SAC nutrition sub-committee is looking at innovative ways to helping solve senior food and nutrition issues here in DC, including advocating for home delivered meals as part of

EPD waiver services for FY18, investigation into home delivered groceries and home CSAs, setting up a nutrition supplement bank at Capital Area Food Bank, and transition care nutrition (hospital to home) (Rose Clifford, Personal Communication, August 9, 2016).

DOMAIN 12: CAREGIVERS

Caregiving is an often-overlooked function many family members assume. With decreasing length-of stays in hospitals and increasing life spans, family caregivers are often asked to perform personal care, care coordination, and complicated medical procedures. While 71% of older adults report not receiving assistance with daily living, 17% of older adults without dementia receive help, 9% with dementia receive help, and 3% of older adults receive care in nursing homes. Approximately, 62% of family caregivers are female, and a third are daughters. 75% of older adults who need help with 2 or more ADLs live at home (Freedman & Spillman, 2014). And nearly 2/3 of those who live home receive all help from unpaid family & friends. Caregiving has emotional, physical, and financial impacts. Higher rates of depression, anxiety, heart disease, and mortality and lower levels of self-care and self-reported health exist among caregivers. Caregivers forego wages and saving for retirement. Future caregiving capacity will be dependent on the capacity and availability of family members.

Older adult respondents indicated several needs for their caregivers, including better monetary compensation, respite care, health insurance, possible tax benefits, and better education, Research indicates that hospital readmission, emergency department visit, and nursing home placements are decreased when systems are family-centered and support caregivers needs through assessment, training, respite (National Academies of Science, Engineering, and Medicine, 2016). Failure to address caregivers' needs poses an even greater burden on society.

SERVICE & SYSTEM-WIDE KEY RECOMMENDATIONS

As a result of our comprehensive review of the state of aging needs and services in DC, the consulting team identified key opportunities that cut across need domains. Faced with a fast-growing gap between the expanding need for services and public funding that is flat, DCOA needs to re-conceptualize its role beyond that of allocating and overseeing public monies to the service providers in each ward. DCOA needs to strengthen its capacity for advocacy and coordination so that it becomes a catalyst for helping a variety of actors, both public and private, foster healthy, fulfilled aging for all DC residents. This will require DCOA to increase its capacity to provide service level improvements, as well as key system-wide components. The Recommendations are listed below with additional information and strategies in Table 16.

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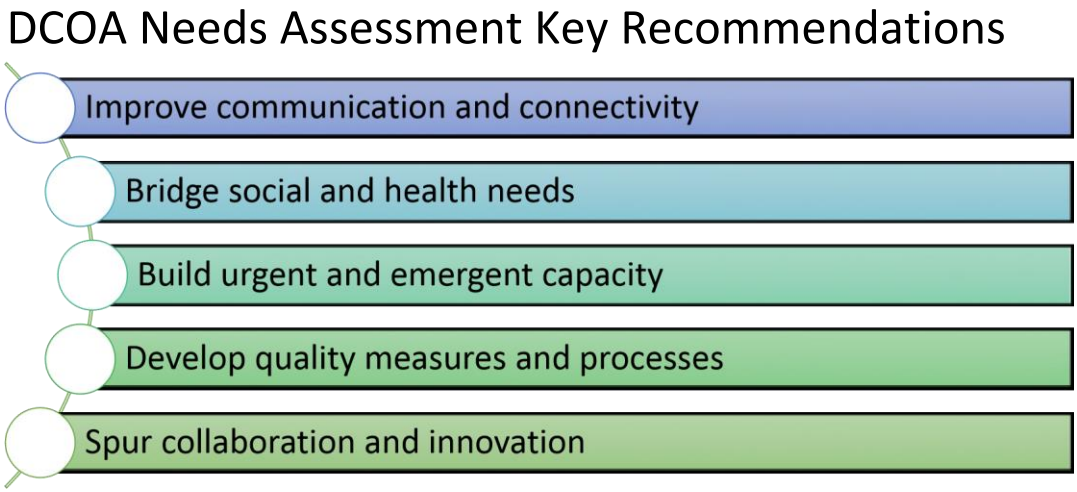

Figure 4. Recommendations from DCOA 2016 Needs Assessment

- ***Improve communication and connectivity*** among services/activities, DCOA, older adults, caregivers, families, and service providers for older adults in DC. o Develop a more robust DCOA website with Age-Friendly Navigation.
    - Establish a Virtual Senior Center to provide consistent and city-wide information regarding services offered.
    - Utilize Virtual Senior Center to provide city-wide interactive programming for exercise, socialization, arts activities, education, etc.
    - Extend/Leverage "No Wrong Door" Model to provide portal for comprehensive service access and rapid intake.
    - Extend collaborations with AARP and Villages as local and trusted source of information.

- ***Bridge social and health needs*** to more effectively address the health care needs of older adults and their families/caregivers, including healthcare, housing, food security, transportation and safe environments o Establish coalition of DCOA stakeholders and healthcare organizations to collaborate for coordinating and improving care and transitions for older adults, e.g. care management provided by the ADRC's could be coordinated more effectively with hospital programs, programs to reduce hospital readmission could be coordinated with DCOA supports and services.
    - Extend interprofessional DCOA team to include a Geriatric Advanced Practice Nurse to bridge social and broader health services, including chronic disease education and consultation.
    - Recognize importance of addressing chronic illness management in older adults as 4 out of 5 Americans over 50 suffer from at least one chronic condition, more than 50% have more than one and 20% have some form of mental illness (Centers for Medicare and Medicaid Services, 2006), which precludes addressing social needs in isolation of physical and mental health problems.
    - Address service improvements through recognition of the DCOA services as important social determinants of health, which are six domains, i.e. economic stability, neighborhood and physical environment, food, community and social context, and healthcare system. For example, food is a social determinant of health. What about food makes it a social determinant of health? An example is a neighborhood with quality grocery stores and access to three meals a day makes maintaining a healthy diet easier. Hunger and access to healthy options impact an individual's health. Living in a food desert or obtaining one meal a day impacts health outcomes. Collectively the six social determinants of health domains impact the mortality, morbidity, life expectancy, health care expenditures, health status and functional limitations of the District.

- ***Build urgent and emergent capacity*** for critical services o Improve ***transportation capacity and quality*** for older adults, especially those who are sick and frail in DC.
    - Develop mechanisms for "urgent care" access to transportation.

        - Develop funding sources beyond DCOA to expand capacity; these may involve public/private partnerships, or collaboration with health care institutions.
        - Collaborate with other agencies/organizations who also provide these services to reduce gaps in transportation
    - Improve ***housing capacity and quality*** for older adults, especially those who are sick and frail in DC.
        - Continue 'Safe at Home" to improve housing for older adults, including reducing fall risk and barriers that limit mobility.
        - Develop funding sources beyond Older Americans Act funding to expand capacity.
        - Expand public/private partnerships and collaboration with health care institutions.
        - ○ Improve capacity to provide ***adequate and healthy foods*** for older adults, especially sick and frail in DC.
        - Ensure comprehensive nutrition services city-wide to provide dedicated expert nutritional providing nutrition information, assessment, and counseling to older adults (geriatrics), their families and caregivers on nutrition and feeding issues education for providers, older adults, families and caregivers, that include: unintentional weight loss or poor appetite; dementia-related feeding issues; dysphagia; diabetes nutrition management; chronic kidney disease nutrition; cardiovascular nutrition issues; weight management; tube feeding or oral calorie & protein nutrition supplements; wound healing; and, general healthy eating for seniors.
        - Utilize city-wide nutritionist who can write prescriptions for nutrition supplements, secure additional public and private funding and support to maintain an adequate supply of special supplements (e.g. nutrition supplement bank at Capital Area Food Bank).
        - Advocate for home delivered meals as part of EPD waiver services for FY18.
        - Establish transitional care nutrition (hospital to home) to reduce compromised health condition and possible readmission.

- ***Develop quality measures and systematic process*** for measurement and evaluation of DCOA service quality, including monitoring unmet needs. ○ Select from available published measures to create a parsimonious panel of structure, process and outcome measures applicable to SSN.
    - Involve SSN in selecting the measures so that they feel the measures are useful in their operations, and not simply reporting for sake of reporting.
    -
- ***Spur collaboration and innovation*** with current Senior Service Network (SSN) and other agencies that serve older adults in DC to increase and expand services. ○ Create an

innovation incubator which would provide funding and technical assistance to help SSN agencies test and scale innovations.

- DCOA would solicit innovations in target areas aligned with strategic plan.

Table 16. Recommendations and Strategies

Recommendation 1: Improve communication and connectivity among services/activities, DCOA, older adults, caregivers, families, and service providers for older adults in DC.	
Service Information Gap. Older adults, caregivers, families, service providers do not know the range of services that are available through DCOA and how to access them. DCOA Website lacks Age-Friendly Navigation **Service Access – Difficulty Accessing Services Provided by Senior Wellness Centers** Homebound Seniors need access to Wellness Centers and activities from their home; Wards 2 & 3 without discreet access to a Senior Wellness Center. ***NOTE: A robust online information system is needed for all subsequent Recommendations*.**	
Strategies	**Best Practice**
Develop a more robust ***DCOA website*** with Age-Friendly Navigation. Establish a ***Virtual Senior Center*** to provide consistent and city-wide information regarding services offered. Utilize Virtual Senior Center to provide city-wide ***interactive programming*** for exercise, socialization, arts activities, education, etc. Extend/Leverage ***"No Wrong Door"*** Model to provide portal for comprehensive service access and rapid intake. ***Extend collaborations*** with AARP and Villages as local and trusted source of information.	• Virtual Senior Center Offerings: http://vscm.selfhelp.net/classes • NIH Senior Friendly Web Guidelines: https://www.nia.nih.gov/health/publication/making-your-website-senior-friendly • AAA Self-Identification Classifications: http://www.area10agency.org/ • http://www.nyc.gov/html/dfta/html/services/centers.shtml • Allow Seniors to search based on need: Marin Health and Human Services Community Resource Guide allows consumers to search based on needs (i.e., food, transit, health care, legal, housing, money) https://www.marinhhs.org/communityresource-guide

Recommendation 2: Bridge social and health needs to address social determinant of health including healthcare, housing, food security, transportation and safe environments	
Component: Coordinated and safe transitions needed for frail, vulnerable older adults across settings and agencies, including acute, long-term and home care settings; housing and behavioral health programs, etc.; Increased need for chronic illness management and education for older adults; Service providers dealing with more chronic disease management requiring education to reduce to reduce exacerbations in older adults with chronic illness; and Lag time between need and ability to secure community support services for frail and vulnerable seniors.	
Strategies	**Best Practice**

Establish ***coalition of DCOA stakeholders and healthcare organizations*** to collaborate for coordinating and improving care and transitions for older adults, e.g. care management provided by the ADRC's could be coordinated more effectively with hospital programs, programs to reduce hospital readmission could be coordinated with DCOA supports and services. Extend interprofessional DCOA team to include a ***Geriatric Advanced Practice Nurse*** to bridge social and broader health services, including chronic disease education and consultation. Recognize importance of addressing chronic illness management in older adults as 4 out of 5 Americans over 50 suffer from at least one chronic condition, more than 50% have more than one and 20% have some form of mental illness (Centers for Medicare and Medicaid Services, 2006), which precludes addressing social needs in isolation of physical and mental health problems. Address ***service improvements*** through recognition of the DCOA services as important determinants of health, which are six domains, i.e. economic stability, neighborhood and physical environment, food, community and social context, and healthcare system. For example, food is a social determinant of health. What about food makes it a social determinant of health? An example is a neighborhood with quality grocery stores and access to three meals a day makes maintaining a healthy diet easier. Hunger and access to healthy options impact an individual's health. Living in a food desert or obtaining one meal a day impacts health outcomes. Collectively the six social determinants of health domains impact the mortality, morbidity, life expectancy, health care expenditures, health status and functional limitations of the District. Advocate for PACE program in DC, Create additional mechanisms for coordination across agencies. In particular, hospitals are working to develop transition programs to avoid repeat hospitalizations. Care management provided by the ADRC's could be coordinated with hospital programs.	• Medicare/Medicaid Independence at Home Demonstration • The Coordinating Center, Maryland-wide program located in Anne Arundel County • TEAM SAN DIEGO • Healthy Seniors at Home • Eastern Virginia Care Transitions Partnership ***Local best practices:*** • MedStar HouseCalls Program • Sibley's senior program 60+ club, Club Memory

Recommendation 3: Build urgent and emergent capacity for critical services

Component: **Service Reliability**

- Pick-up service is frequently described as unreliable
- Scheduling characterized as inflexible
- Wide variation in quality exists among contractors

Accessible, Affordable, Safe Housing. Seniors and Providers do not know the range of resources and services available and how to access them: 1) Accessible and affordable housing wait lists, 2) Need safe and ADA compliant housing, 3) Need ability to make safety modifications to existing housing, 4) Need ability to maintain environmental warmth or cooling, and 5) Information on how to access assistance is not readily available

More older adults need meals than can be accommodated. Older adults indicate need for nutrition education

Frail and Sick Older adults need special nutritional assistance, i.e. **s**pecial supplements such as high protein supplements, supplements for people with diabetes

Strategies	Best Practice
Improve ***transportation capacity and quality*** for older adults, especially sick and frail in DC. • Develop mechanisms for "urgent care" access to transportation. • Develop funding sources beyond DCOA to expand capacity; these may involve public/private partnerships, or collaboration with health care institutions. • Collaborate with other agencies/organizations who also provide these services to reduce gaps in transportation	Uber-MedStar Health Partnership: http://www.hhnmag.com/articles/6916-uberhealthcare-reliable-transportation-patients-medstarhassle-lyft Transportation Reimbursement Escort Program Accessible Dispatch Creative solution from Service Provider: use program funds to supply alternate transportation to needy seniors
Improve ***housing capacity and quality*** for older adults, especially sick and frail in DC. • Continue 'Safe at Home" to improve housing to prevent falls and reduce barriers in mobility. • Develop funding sources beyond Older Americans Act funding to expand capacity. • Expand public/private partnerships and collaboration with health care institutions.	• DC Safe At Home Initiative ***(http://dcoa.dc.gov/page/safe-home)*** praised by several providers as effective at preventing falls. • EZ Fix Program (similar to $10,000 DC sponsoring) http://www.eaaa.org/index.php?id=518&sub_id=6 52 • Rent Increase Exemption program • Free A/C • BIG project, Living Together Benefits Young & Old • Making Big Sense of Small Homes Consider modification- to waive municipal fees for redesign)
Improve capacity to ***provide adequate and healthy foods*** for older adults, especially sick and frail in DC. • Expand nutrition coordinator services city-wide to provide dedicated expert nutritional education for providers, older adults, families and caregivers. • Utilize city-wide nutrition coordinator who will securing public and private additional funding and support to maintain an adequate supply of special supplements • Ensure comprehensive nutrition services city-wide to provide dedicated expert nutritional providing nutrition information, assessment,	• Senior Nutrition Program Placemats • Elderly Nutrition Food Box Program • CHAMPSS: Choosing Healthy and Appetizing Meal Plan Solutions for Seniors in San Francisco • CHOICE • 21-day Meal Prog. for frail older adults leaving hosp. https://blog.cambro.com/2016/02/29/reducinghospital-

and counseling to older adults (geriatrics), their families and caregivers on nutrition and feeding issues education for	

providers, older adults, families and caregivers, that include: unintentional weight loss or poor appetite; dementia-related feeding issues; dysphagia; diabetes nutrition management; chronic kidney disease nutrition; cardiovascular nutrition issues; weight management; tube feeding or oral calorie & protein nutrition supplements; wound healing; and, general healthy eating for seniors. • Utilize city-wide nutrition nutritionist who can write prescriptions for nutrition supplements, secure public and private additional funding and support to maintain an adequate supply of special supplements (e.g. nutrition supplement bank at Capital Area Food Bank); • Advocate for home delivered meals as part of EPD waiver services for FY18, and • Establish transitional care nutrition (hospital to home) to reduce compromised health condition and possible readmission.	

Recommendation 4: Develop data capacity to monitor and improve quality, including monitoring unmet needs OR Develop quality measures and systematic process for measurement and evaluation of DCOA service quality.

Components: In the previous recommendations for service improvement there isn't a data collection mechanism or process for determining quality and improvement of services.

- Providers: Had strong perception of quality differences among providers (e.g. Iona and Seabury noted as higher quality). Especially notable among the healthcare professionals who serve people from multiple wards and deal with multiple contractors.
- SSN identified lack of quality measures and standards as a problem.
- Consultants' observation: Data on quality of services not available. Consistent metrics not collected across similar contractors.

Information not systematically collected to measure process or outcomes of services; structured comparisons across providers not possible; evaluation of effectiveness based on outcomes not possible

Strategies	Best Practice
• Select from available published measures to create a parsimonious panel of structure, process and outcome measures applicable to SSN. • Involve SSN in selecting the measures so that they feel the measures are useful in their operations, and not simply reporting for sake of reporting.	• Select endorsed measures from the National Quality Forum Quality Positioning System: www.**qualityforum**.org/qps/ • Consider following a consensus process to develop the panel of measures. See Measuring What Matters project for example in field of palliative care. http://aahpm.org/quality/measuring-whatmatters

Recommendation 5. Spur innovation with current SSN and other agencies that serve older adults in DC to increase and expand

Service providers and other stakeholders lack resources to develop innovations and improvements in their current services.

<u>Stimulate innovation</u>

Consultants' observation: SSN providers are hungry for help to try new approaches, but many lack staff resources and expertise to go beyond current contracts with DCOA.

Strategies	Best Practice
• Create an innovation incubator to provide funding and technical assistance to help SSN agencies test and scale innovations. DCOA would solicit innovations in target areas aligned with strategic plan.	***Local Best Practices*** • Medstar • Sibley Look to other areas such as arts and technology for examples of innovation incubators.

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SPECIAL ACKNOWLEDGMENTS

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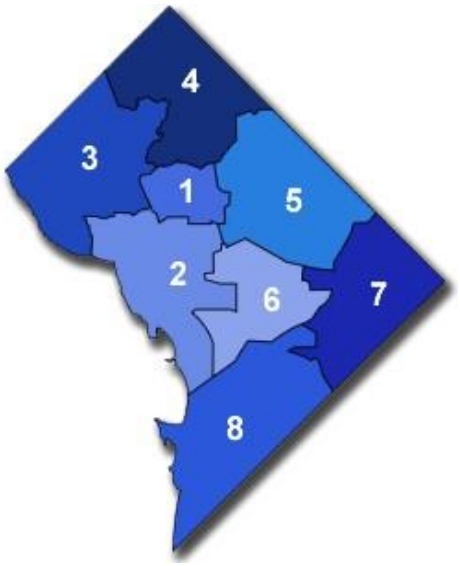
APPENDIX 1: LIST OF ABBREVIATIONS

AAA	Area Agency on Aging
AARP	American Association of Retired Persons
ACL	Administration for Community Living
ACO	Accountable Care Organizations
ACS	American Community Survey
ADL	Activities of daily living
AOA	Administration on Aging
APHA	American Public Health Association
BALC	Business Acumen learning Collaborative
CCTP	Community-based care transition program
DC	District of Columbia
DCOA	District of Columbia Office of Aging
DCPS	District of Columbia Public Schools
DCRA	District of Columbia Regulatory Authority
DHHS	Department of Health and Human Services
DHS	Department of Health Services
DMH	Department of Mental Health
DPR	Department of Parks and Recreation
FMR	Fair market rents
FY	Fiscal year
HCBS	Home and community-based services
HNHC	High-need, high-cost patients
IAH	Independence at H0me
MPD	District of Columbia Metropolitan Police Department
MOLST	Medical orders for Life-Sustaining Treatment
N4A	National Association of Area Agencies on Aging
NCOA	National Council on Aging
OAA	Older Americans Act
OAG	District of Columbia Office of the Attorney General
OP	Office of Planning
PACE	Program of All-inclusive Care for the Elderly
POLST	Physician's Orders for Life-Sustaining Treatment
SAA	State Agency on Aging
SAC	Senior Advisory Council
SWC	Senior wellness center
VSC	Virtual senior center
WAGECC	Washington DC Area Geriatric Education Center Consortium
WAVE	Washington Area Village Exchange
WHO	World Health Organization

APPENDIX 2: WARD DESCRIPTIONS

The Washington District of Columbia is 68 square miles. There are eight distinct electoral divisions. The density distribution of the senior population varies among wards.

WARD 1



Though the smallest ward area-wise, Ward 1 is the most densely populated ward in the District. It is home to some of the best-known residential neighborhoods in DC, including Adams Morgan, Columbia Heights, and parts of Shaw. Howard University is also located in Ward 1, which along with many of the neighborhoods, are culturally and historically significant for the local African-American and Latino populations. Ward 1's population is approximately 20% Hispanic/Latino, and 8% of the Districts older adults live in Ward 1 (DISTRICT OF COLUMBIA COMMUNITY HEALTH NEEDS ASSESSMENT June 2016).

WARD 2

Ward 2 is home to the National Mall, the White House, numerous monuments and museums, as well as the largest population in the District with 86,666 residents. Ward 2 includes the majority of downtown DC, but is also home to some of the oldest residential neighborhoods in the District such as Georgetown, Sheridan Kalorama, and parts of Shaw. In the last decade, Ward 2 has experienced tremendous growth and redevelopment with vacant lots and buildings being filled new retail space, restaurants, entertainment and museums.

WARD 3

Ward 3 is a primarily residential ward in the northwest quadrant of the District, with many of its neighborhoods surrounding commercial centers. Residences range from dense apartment buildings and townhomes to single-family homes. Ward 3 is also home to some of the wealthiest DC residents and home to numerous embassies and ambassadors' residences. Ward 3 is more than 75% White, and together, Wards 3, 4 and 5 are home to almost half (49%) of the District's older adult population.

WARD 4

Ward 4 is a mainly residential area located in the most northern section, bisected by Georgia Avenue. Smaller, local commercial areas include 4th Street, NW in Takoma, Kennedy Street, NW in Brightwood and portions of 14th Street. Like Ward 1, Ward 4 is comprised of approximately 20% Hispanic/Latino, and together, Wards 1 and 4 comprise about 43% of the District's Hispanic/Latino population.

WARD 5

Ward 5 is diverse, ranging from quiet residential neighborhoods, local shopping streets, new high-rise development and industry, as well as open space. Ward 5 is home to Florida Avenue Market, the city's wholesale center, as well as industrial spaces and railroad tracks. The National Arboretum and the U.S. Soldiers' and Airmen's Home, with their greenspace, are also located in this Ward.

WARD 6

Ward 6, due to its location in the heart of the District, has a highly diverse population and neighborhoods. Ward 6 includes parts of downtown DC and is home to office buildings, retail space and restaurants, hotels, museums and other entertainment venues, federal buildings, as well as a growing number of residential buildings. The Southwest Waterfront includes modern apartments and townhomes, and the newly developed Capitol Riverfront neighborhood. The historic Capitol Hill neighborhood and commercial are is located in Ward 6. The new Nationals Stadium is also located in this ward. Ward 6 also has a fairly equal population of White and Black residents (43%).

WARD 7

Ward 7 is also very diverse with its single-family homes, transit stations, and greenspace. Numerous Civil War forts in this ward has been turned into parkland. This ward encompasses several distinct neighborhoods, including riverfront neighborhoods along the Anacostia River. Its population is more than 90% Black, with 25% of its families living below the poverty level.

WARD 8

Ward 8 was historically farmland and the rural character is often reflected in its houses, apartment buildings and institutions. It is also home to the historic Anacostia neighborhood, the oldest in the ward. Major institutions, Federal and otherwise, that take up significant land in Ward 8 include Bolling Air Force Base, Saint Elizabeth's Hospital, the Blue Plains Wastewater Treatment Plant and DC Village. Ward 8 has the lowest population with 77,483 residents. Like Ward 7, its population is more than 90% Black. 23% of Ward 8's families live below the poverty level.

APPENDIX 3: DISTRICT LEAD AGENCIES, SENIOR WELLNES CENTER, & VILLAGES

	Lead Agencies	Senior Wellness Centers	Villages
Ward 1	Terrific, Inc. 910 Westminster Street, NW; Washington, DC 20009 Phone: (202) 387-9000	Bernice Elizabeth Fonteneau Wellness Center	
Ward 2	Terrific, Inc. 1220 L Street, NW, Suite 800; Washington, DC 20036 Phone: (202) 387-9000		Foggy Bottom/West End Village www.fbwevillage.org Georgetown Village www.georgetown-village.org
Ward 3	IONA Senior Services 4125 Albemarle Street, NW; Washington, DC 20016 Phone: (202) 966-1055		Cleveland & Woodley Park Village www.clevelandwoodleyparkvillage.org Northwest Neighborhood Village www.nwnv.org Glover Park Village www.gloverparkvillage.org Palisades Village www.palisadesvillage.org
Ward 4	Terrific, Inc. 418 Missouri Avenue, NW; Washington, DC 20011 Phone: (202) 882-1824	Hattie Holmes Senior Wellness Center	Dupont Circle Village www.dupontcirclevillage.org East Rock Creek Village www.eastrockcreekvillage.com
Ward 5	Seabury Ward 5 Aging Services 2900 Newton Street, NE; Washington, DC 20018 Phone: (202) 529-8701	Model Cities Senior Wellness Center	
Ward 6	Seabury Ward 6 Aging Services 901 A Street, NE, Washington, DC 20002 Phone: (202) 397-1725	Hayes Senior Wellness Center	Capitol Hill Village www.capitolhillvillage.org

Ward 7	East River Family Strengthening Collaborative 3917 Minnesota Avenue, NE; Washington, DC 20019 Phone: (202) 534-4880	Washington Seniors Wellness Center	
Ward 8	Family Matters of Greater Washington 4301 9th Street, SE; Washington, DC 20032 Phone: (202) 562-6860	Congress Heights Senior Wellness Center	

2016 DCOA Senior Needs Assessment Survey

1 Purpose

The GW Center for Aging, Health & Humanities, in collaboration with the District of Columbia Office on Aging (DCOA) is conducting a Needs Assessment for older adults in DC. The purpose of the survey is to ***identify the unmet needs of seniors*** in Washington DC. to enable our team to:

- make recommendations to DCOA and service providers to better meet your needs,
- identify evidence-based, cost-effective practices in other communities, and
- develop creative strategies within the wards.

Senior- those 60 years of age or older. While multiple definitions of senior exist, DCOA offers services to individuals 60 years of age or older.

Caregiver- relatives, friend, neighbors, paid/unpaid providers who regularly provide assistance to older adults who are 60 years old and older

As a senior and a member of the DC community, your input is valuable. The survey is designed to obtain information about services and activities that are important to maintain your health and quality of life. With your participation, together we can create an **Age-Friendly DC**. ***If you need assistance taking the survey, call the research assistant at 202-750-0986.***

If you care for someone over 60 years of age or older who cannot fill out this survey, please fill it out according to your perception of their needs.

2 How to participate in the 2016 Survey

1. ***In-Person:*** Pick up/complete a paper copy of the survey at any of the DCOA Senior Wellness Centers and Lead Agencies. When complete please return it to the same location or mail to the address below.
2. ***Mail:*** You may call **202-994-6726** to have one sent to you. It can be returned by mail or dropped off at a DCOA Senior Wellness Center or Lead Agency by August 30, 2016.
3. ***Electronically:*** You may take the survey online at https://www.surveymonkey.com/r/DCOASeniors

3 Deadline

Please complete survey by ***AUGUST 30, 2016***

Mailing address: Beverly Lunsford, PhD, RN
GW School of Nursing
1919 Pennsylvania Avenue NW; Suite 500
Washington, DC 20036

4 Questions or Concerns

Call Beverly Lunsford, research coordinator at 202-994-6726.

5. Final Report will be available for review on the DCOA Website late 2016.

CENTER FOR AGING HEALTH AND HUMANITIES

GW School of Nursing and School of Medicine & Health Sciences

APPENDIX 5:SENIOR SURVEY

DCOA Senior Needs Assessment

Section 1: Demographic Information Page

1. Gender	1. a. Sexual Preference	2. Marital Status	3. Are you filling this out on behalf of	4. What is your living situation?	5. Which of the following is your race?
○ Male ○ Female ○ Trans	○ Gay ○ Lesbian ○ Bisexual ○ Heterosexual ○ Queer ○ Other _____	○ Married ○ Widowed ○ Never Married ○ Divorced or Separated	○ Yourself ○ Someone Else	○ Alone ○ With Spouse or Relative ○ With Non-Relatives	○ Caucasian ○ Asian ○ Hispanic/ Latino ○ Black/ African American ○ Native Hawaiian/ Pacific Islander ○ American Indian/ Alaskan Native ○ Other _____

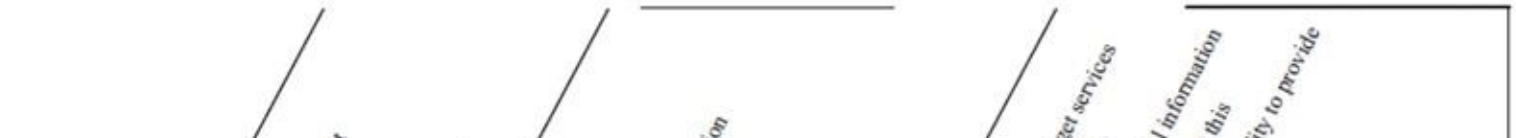
6. What age range do you fall into?	7. What is your annual income?	8. Which best describes you (mark all that apply)?	8a. What health challenges do you face? (Check all that apply)
○ 18-59 years ○ 60-64 years ○ 65- 69 years ○ 70- 74 years ○ 75- 79 years ○ 80- 84 years ○ 85- 89 years ○ 90- 94 years ○ 95 years and older	○ Less than $10,000 ○ $10,000 to $14,999 ○ $15,000 to $19,999 ○ $20,000 to 24,999 ○ $25,000 to $29,999 ○ $30,000 to $34,999 ○ $35,000 to $39,999 ○ $40,000 to $44,999 ○ $45,000 to 49,999 ○ $50,000 to $59,999 ○ $60,000 to $74,999 ○ $75,000 or more	○ Senior ○ Senior w/ Disability ○ Non- Senior w/ Disability ○ Caregiver of senior ○ Caregiver of child/grandchild ○ Relative of senior who needs care ○ Neighbor of senior who needs care ○ Other (please specify) _____	○ I am disabled ○ I am hard of hearing ○ I can't see well ○ I suffer from heart disease ○ I suffer from kidney disease ○ I suffer from lung disease ○ I suffer from diabetes ○ I suffer from cancer ○ I suffer from stroke ○ I suffer from dementia ○ Other _____

9. What best describes your education level?	10. What is your current employment status?	11. Which ward do you live in?	12. Where do you get information about senior services?
○ 0-11 years, no diploma ○ High School diploma ○ Some College ○ Associates degree ○ Bachelor's degree ○ Graduate/ Professional Degree	○ Fully retired ○ Disabled ○ Working full-time ○ Homemaker ○ Retired but working part-time ○ Unemployed, looking for work ○ Unemployed, not looking ○ Other	○ Ward 1 ○ Ward 2 ○ Ward 3 ○ Ward 4 ○ Ward 5 ○ Ward 6 ○ Ward 7 ○ Ward 8	○ Word of mouth ○ Internet ○ Television ○ Office on Aging ○ Radio ○ AARP ○ Senior center ○ Newspaper/ newsletter ○ Senior Beacon ○ Other_____

13. What is the biggest problem you face as an older adult living in the District of Columbia?

Answer the questions to the right for the listed activity/ service	Very important	Somewhat Important	A little important	Not at all important	Family	Friends	DCOA	Religious Organization	Other: write-in	Don't need	Don't know how to get services	Can't afford services	Won't share financial information	Never thought about this	Family's responsibility to provide	Other: write-in
	How important is this to you				If you have assistance, who assists you?					If you are not receiving assistance, why not?						
14 Knowing what services are available	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
15 Information or assistance applying for health insurance or prescription coverage	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
16 Assistance applying for other benefits, e.g. SNAP (supplemental nutrition asst.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
17 Transportation to healthcare - related appointments	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18 Transportation to the grocery store and other errands	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19 Transportation to senior center, recreation activity, social event	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20 Transportation/ assistance to pick-up medications	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21 Having a meal with my friends or other seniors like me	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Answer the questions to the right for the listed activity/ service	Very important	Somewhat Important	A little important	Not at all important	Family	Friends	DCOA	Religious Organization	Other: write-in	Don't need	Don't know how to get services	Can't afford services	Won't share financial information	Never thought about this	Family's responsibility to provide	Other: write-in
	How important is this to yo				If you have assistance, who assists you?					If you are not receiving assistance, why not?						
22 Information on how to eat healthy	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
23 Having meal brought/ prepared at home every day	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
24 Being able to afford enough food/ groceries	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
25 Volunteering or taking part in activities with others	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
26 Getting the exercise that is good for me	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
27 Having someone to talk to when I'm lonely	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
28 A senior center that is close to my home	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
29 Being able to attend religious services	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
30 Assistance keeping my home clean	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□



Answer the questions to the right for the listed activity/ service	Very important	Somewhat important	A little important	Not at all important	Family	Friends	DCOA	Religious Organization	Other: write-in	Don't need	Don't know how to get services	Can't afford services	Won't share financial information	Never thought about this	Family's responsibility to provide	Other: write-in
	How important is this to you				If you have assistance, who assists you?					If you are not receiving assistance, why not?						
48 Safe place to live	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
49 Safe sidewalks	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
50 Safe outdoor areas, such as parks	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
51 Assistance for the people who help you	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
52 Information on where to get additional help or support	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

53 Are you able to leave your home to do the activities you want to do? Yes _____ No _____

54 Are there other kinds of services you need that we have not mentioned? _____

_____

55 Where or who would you call if you needed help obtaining services? _____

_____

56 What services would be helpful for the people who provide personal assistance for you? _____

_____

APPENDIX 6: SENIOR SURVEY DELIVERY LOCATIONS

DCOA Senior Wellness Centers

Ward 1: Bernnice Fontenaeu Senior Wellness Center
Ward 2: Hattie Holmes Senior Wellness Center
Ward 5: Model Cities Senior Wellness Center
Ward 6: Hayes Senior Wellness Center
Ward 7: Washington Seniors Wellness Center
Ward 7: Washington Seniors Wellness Center
Ward 8: Congress Heights Senior Wellness Center

DCOA Lead Agencies

Ward 1: Terrific Inc.
Ward 2: Terrific Inc.
Ward 3: IONA
Ward 4: Terrific Inc.
Ward 5: Seabury Ward 5 Aging Services
Ward 6: Seabury Ward 6 Aging Services
Ward 6: Seabury Ward 6 Aging Services
Ward 7: East River Family Strengthening Collaborative
Ward 8: Family Matters of Greater Washington

Villages

Cleveland and Woodley Park
Foggy Bottom West End
Georgetown Village
Capitol Hill Village
Northwest Neighborhood Village
Mt Pleasant Village

Nutrition

Jackie Geralnick, Nutrition Programs
Homebound Meals Network home-delivered meal coordinators and social workers
Seabury Homebound Meals

Healthcare Providers

VA Clinics
Thomas Circle

Department of Parks and Recreation with Senior Centers

Ward 4: Emory Recreation Center
Ward 4: Fort Stevens Recreation Center
Ward 4: Lamond Recreation Center
Ward 5: Theodore Hagans Cultural Center
Ward 6: William H Rumsey Aquatic Facility
Ward 7: Therapeutic Recreation Aquatic Center
Ward 7: Therapeutic Recreation Center
Ward 8: Fort Stanton Recreation Center

Department of Parks and Recreation (no specific senior centers)
Ward 8: Ferebee Hope Aquatic Facility
Library
MLK Library
Religious Organizations
Audrey Stevenson-Shiloh Baptist
Second Baptist Church
Mt Moriah Baptist Church
Foundry United Methodist Church
Grace Reformed Church
Luther Place Memorial
Metropolitan AME Church
Calvary Baptist Church
National City Church
Hebrew Congregation on Macomb
Barbershops and Hair Salons in Anacostia, Southeast DC
MLK Community Barbershop
Pro Cut Family Barber Shop
JB Barbershop
Like That 2 barbershop
Classic Kutz
Like That Barbershop
Brace's Unisex
Kutt-N-Up
Next Level Cuts
P J's Cut & Style Salon
Jasmine's Hair Gallery
New Creation Hair Salon
Miscellaneous
Howard University School of Social Work
Home Care Partners
Hayes Sr. Wellness
Providence Health Foundation
Mayors Senior Symposium

APPENDIX 7: SERVICE PROVIDER SURVEY RECRUITMENT FLIER

2016 DCOA Senior Needs Assessment Survey

1 Purpose

The GW Center for Aging, Health & Humanities, in collaboration with the District of Columbia Office on Aging (DCOA) is conducting a Needs Assessment for older adults in DC. The purpose of the survey is to ***identify the unmet needs of seniors*** in Washington DC. to enable our team to:

- make recommendations to DCOA and service providers to better meet your needs,
- identify evidence-based, cost-effective practices in other communities, and
- develop creative strategies within the wards.

Senior- those 60 years of age or older. While multiple definitions of senior exist, DCOA offers services to individuals 60 years of age or older.

As a service provider for older adults in DC, your input is valuable. This survey is designed to obtain information about services/activities that you think are most important for seniors in DC., as well as challenges and barriers in providing these services. With your participation, together we can create an **Age-Friendly DC**.

2 How to participate in the 2016 Service Provider Survey

You may take the survey online at https://www.surveymonkey.com/r/DCOA-NeedsAssess

3 Deadline

Please complete the survey by ***AUGUST 30, 2016***

4 Questions or Concerns

Call Beverly Lunsford, research coordinator at 202-994-6726.

5. Final Report will be available for review on the DCOA Website late 2016.

CENTER FOR AGING HEALTH AND HUMANITIES

GW School of Nursing and School of Medicine & Health Sciences

APPENDIX 8: SERVICE PROVIDER SURVEY

□ What services does your organization provide? (check all that apply)
□ Adult education
□ Adult day care services
□ Advocacy
□ Emergency group housing
□ Employment and job training
□ Group (congregate) meals
□ Health care in-home support
□ Legal assistance
□ Recreation
□ Transportation
□ Wellness programs
□ Other (please specify)

□ What ward(s) does your organization provide services for?
□ Ward 1
□ Ward 2
□ Ward 3
□ Ward 4
□ Ward 5
□ Ward 6
□ Ward 7
□ Ward 8

□ Does your service area include residents in Maryland or Virginia?

- Yes
- No

□ How long have you been providing services for seniors, in DC or elsewhere (answer in years)? • ___

•

□ What type of organization are you?
□ Public

□ Private: non-profit
□ Private: for-profit
□ Other (please specify)
_____

•

□ Can your organization adequately meet the needs of all of your clients?
□ Yes
□ No

□ If you answered "no", what challenges do you encounter?

_____

□ Do you have a waitlist for services? If yes, what services and how many are currently on?
_____

□ Are you familiar with DCOA?
□ Yes
□ No

□ Do you work with programs funded by DCOA?
□ Yes
□ No

□ If yes, please identify what DCOA programs you work with?
□ Adult education
□ Adult day care services
□ Advocacy
□ Case management
□ Emergency group housing
□ Employment and job training
□ Group (congregate) meals
□ Health care in-home support
□ Legal assistance
□ Recreation
□ Transportation
□ Wellness programs

□ Are you familiar with DCOA's Aging Disability Resource Center (ADRC), the District of Columbia's one-stop resource for public and private information and assistance relate to long-term care services for persons living with disabilities (18 and older) and older adults (60 and older)
□ Yes
□ No

□ Have you utilized the ADRC services?
□ Yes
□ No

□ What ADRC services have you utilized?
□ Care Planning and Outreach
□ Caregivers Support and Services
□ Housing Information and Assistance
□ In-Home Care
□ Long-Term Care Coordination & Guidance
□ Medical Assistance
□ Support Groups
□ I have not utilized ADRC services

□ While DCOA funds a number of service providers in the district if you receive funding from other sources to extend services. Where does the organization look to? For approximately how much?

_____

_____

□ In your view, does DCOA have good relationships with community stakeholders?
□ Yes
□ No

□ Does your organization provide direct services to older adults with any of the following activity of daily living (ADL) and/or instrumental activities of daily living limitations?
□ Personal hygiene and grooming
□ Dressing & undressing
□ Self-feeding
□ Functional transfers (getting from bed to wheelchair, getting onto or off of toilet, etc.)

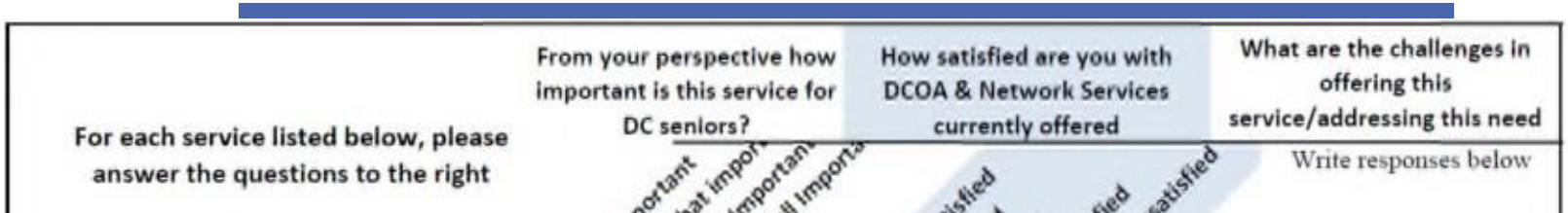
□ Bowel & bladder management
□ Walking without use of use of an assistive device (walker, cane, or crutches) or using a wheelchair
□ Doing housework
□ Taking medications as prescribed
□ Managing money
□ Shopping for groceries or clothing
□ Use of telephone or other form of communication
□ Using information technology
□ My organization does not provide these services

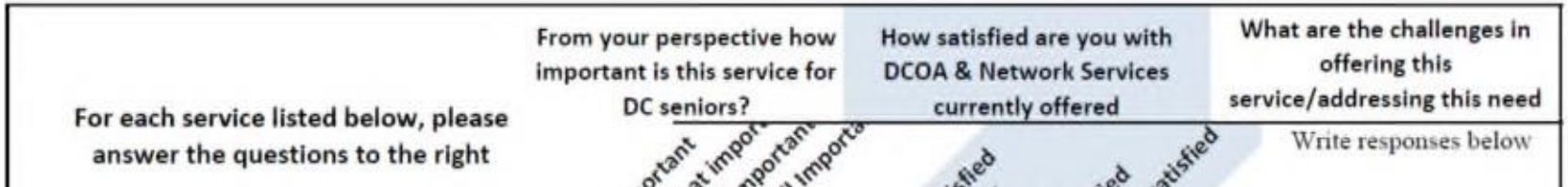
□ Does your organization provide support services to caregivers?
□ Yes
□ No

□ What type of support services does your organization provide to caregivers?
□ Respite care
□ Advocacy
□ Transportation
□ Financial assistance
□ Home maker
□ Case management
□ My organization does not provide caregiver support services

□ Would your organization be willing to provide free caregiver support services on holidays, vacations and/or weekends?
□ Yes
□ No
□ My organization does not provide caregiver support services

For each service listed below, please answer the questions to the right	From your perspective how important is this service for DC seniors?				How satisfied are you with DCOA & Network Services currently offered					What are the challenges in offering this service/addressing this need
	Very Important	Somewhat important	A Little Important	Not at all Importa	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Write responses below
Communication/ Information										
19 Knowing what services are available	☐	☐	☐	☐	☐	☐	☐	☐	☐	
20 Information or assistance applying for health insurance or prescription coverage	☐	☐	☐	☐	☐	☐	☐	☐	☐	
21 Assistance applying for other benefits, e.g. SNAP (supplemental nutrition program)	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Transportation										
22 Transportation to healthcare related appointments	☐	☐	☐	☐	☐	☐	☐	☐	☐	
23 Transportation to the grocery store and other errands	☐	☐	☐	☐	☐	☐	☐	☐	☐	
24 Assistance/transportation to pick-up medications	☐	☐	☐	☐	☐	☐	☐	☐	☐	
25 Transportation to the senior center, recreation activities, social events	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Food										
26 Having a meal with my friends or other seniors	☐	☐	☐	☐	☐	☐	☐	☐	☐	
27 Information on how to eat healthy	☐	☐	☐	☐	☐	☐	☐	☐	☐	
28 Having a meal brought to/prepared at home every day	☐	☐	☐	☐	☐	☐	☐	☐	☐	
29 Being able to afford enough food/groceries	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Support, Respect and social inclusion, Social Participation										


For each service listed below, please answer the questions to the right
From your perspective how important is this service for DC seniors?
How satisfied are you with DCOA & Network Services currently offered
What are the challenges in offering this service/addressing this need
Write responses below


For each service listed below, please answer the questions to the right
From your perspective how important is this service for DC seniors?
How satisfied are you with DCOA & Network Services currently offered
What are the challenges in offering this service/addressing this need
Write responses below

For each service listed below, please answer the questions to the right	From your perspective how important is this service for DC seniors?				How satisfied are you with DCOA & Network Services currently offered					What are the challenges in offering this service/addressing this need
	Very Important	Somewhat important	A Little Important	Not at all Importa	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Write responses below
Outdoor spaces and buildings										
50 Safe place to live	☐	☐	☐	☐	☐	☐	☐	☐	☐	
51 Safe sidewalks	☐	☐	☐	☐	☐	☐	☐	☐	☐	
52 Safe outdoor areas, such as parks	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Caregivers										
53 Assistance for the people who help you	☐	☐	☐	☐	☐	☐	☐	☐	☐	
54 Information on where to get additional help or support	☐	☐	☐	☐	☐	☐	☐	☐	☐	

55 **Within your organization, what are the major challenges in providing services for seniors in the next 5 years?**

56 **What do you think major barriers will be in addressing these challenges, e.g. money, people with knowledge and skills, regulatory issues,**

57 **What percentage of your organizations funding comes from the DCOA?**

58 **Have you or your organization sought funding elsewhere? If so, was it successful?**

APPENDIX 9: GUIDE FOR INTERVIEW WITH HEALTHCARE PROFESSIONALS

Name:_____ Organization _____Date_____

DCOA TC guide to exploring best practices and opportunities for collaboration DCOA Mission: *To advocate, plan, implement, and monitor programs in health, education, employment, and social services to promote longevity, independence, dignity, and choice for our senior citizens.*

Introduction: The DC Office on Aging has retained The Center for Aging, Health, and Humanities at GWU School of Nursing to conduct a 2016 Needs Assessment. The purpose of the needs assessment is to answer the question:

- How do we serve more Seniors and/or serve Seniors more effectively, including:
    - Keeping seniors in their homes longer
    - Providing a holistic array of services to optimize quality of life
    - Ensuring that most frail or sick elderly are heard by service providers, including those with chronic progressive illness or disability and those who may be terminally ill, as more able bodied can speak up for themselves to more readily garner more resources

Global questions

- What do you see as the most critical unmet needs of seniors in DC, including the chronically ill and disabled, and those nearing death?
- What are the barriers to meeting these needs?
- If you could do one thing to improve services for seniors in DC, what would that be?
- What barriers are preventing this from happening?

Institution-specific questions

- Does your institution have a senior outreach program or other programs that significantly impact seniors?
- What drives and motivates you to provide senior care?
- What services do you provide, and how has your outreach changed in the past 5 yrs.? Have you adopted any best practices or innovative programs in senior care, or do you know about such programs?
- How do you serve chronically ill/seniors with disabilities or those nearing the end-of-life phase?
- Does any part of your senior outreach funding or support come from DCOA? What portion? What other sources of funding or support do you have for your senior programs?
- DCOA is exploring opportunities for collaboration and partnership to enhance services for senior DC residents. Have you used any of DCOA's services for your senior clients/ patients? Which ones, and how would you rate them?
- What opportunities do you envision for further collaboration with DCOA in initiating best practices in the care of our seniors (both at your institution and with others)?
- What are the more critical problems you have in transitioning senior care across care settings, and what are the barriers to addressing these?

For hospitals

- What are the most common reasons for avoidable hospitalizations/ 30 day readmissions/ frequent ER visits among your clients?
- How could best practices be utilized in concert with DCOA and others to mitigate this problem?
- What are the barriers to implementing these?
- What are the problems you have in trying to discharge medically stable seniors from your institution?
- What could ease the discharge process for seniors with complex medical and psychosocial problems?
- What are the challenges you face in carrying out goals of care or advance directive discussions with patients to ensure treatments are congruent with the patient's values and realistic for the stage of illness?

For Nursing Homes

- What barriers to discharge back to the home setting do you encounter for your clients/ patients (from skilled or custodial care)?
- What could help to overcome these barriers?
- What are common reasons for frequent repeat hospitalization in your patient population?
- Are there any interventions that you can think of that would prevent frequent hospital readmissions among your patients?
- What are the barriers to implementing these interventions?
- What are your challenges in having goals of care/ advance directive discussions with patients and families?
- Does your institution utilize Physician Orders for Life Sustaining Treatment? If so, in what proportion of you residents?

For Physician Practices

- What innovations has your practice initiated to help keep seniors safe at home?
- What additional innovations implemented in concert with DCOA and others might be useful?
  - What barriers do you encounter in trying to provide holistic care to your patients?
- What are the barriers to initiating timely goals of care/ advance directive discussions with your patients and families?
- Have you initiated any innovative practices to promote these discussions?

APPENDIX 10: GWU IRB RESEARCH DETERMINATION

GW Office of Human Research

Memorandum

To: Beverly Lunsford, PhD

Shari Sliwa

From: The George Washington University Office of Human Research

Date: July 12, 2016

Study Title: DCOA Needs Assessment and Feasibility Study

RE: Not Research Determination

Regarding the IRB application submitted on June 27, 2016 for the project entitled, "DCOA Needs Assessment and Feasibility Study", a determination has been made that this project does not meet the definition of research. That is, a systematic investigation designed to contribute to generalizable knowledge.

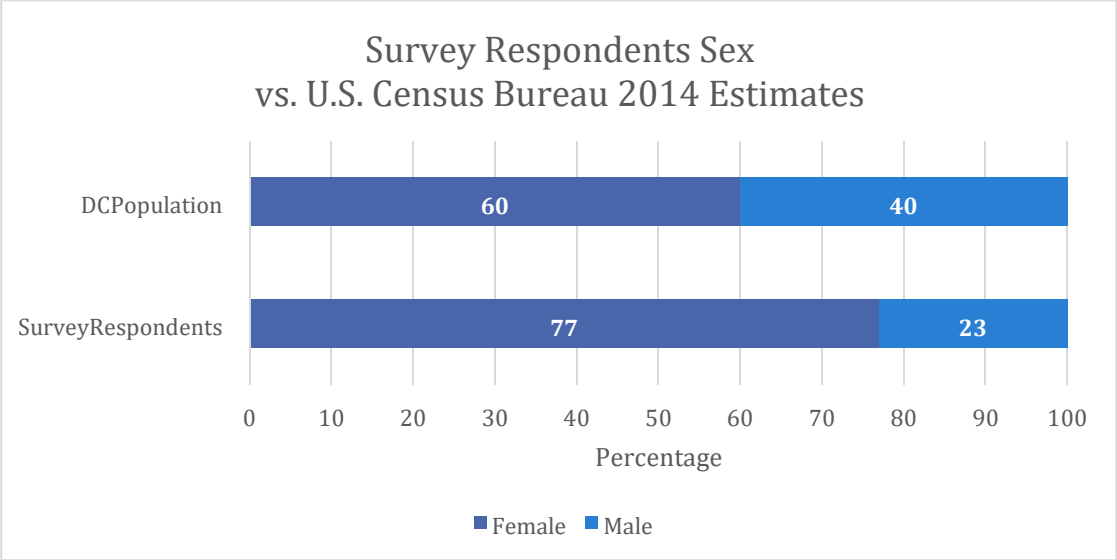
This determination is because the project is being conducted as a Needs Assessment and Feasibility Study for the District of Columbia Office of Aging. It is conducted to address and suggest innovative and best practice strategies to address gaps and to improve the overall agency efficiency. These findings are not considered to be generalizable outside of the immediate research context. Should the data collected be used for research purposes at any time, IRB review and approval is required.

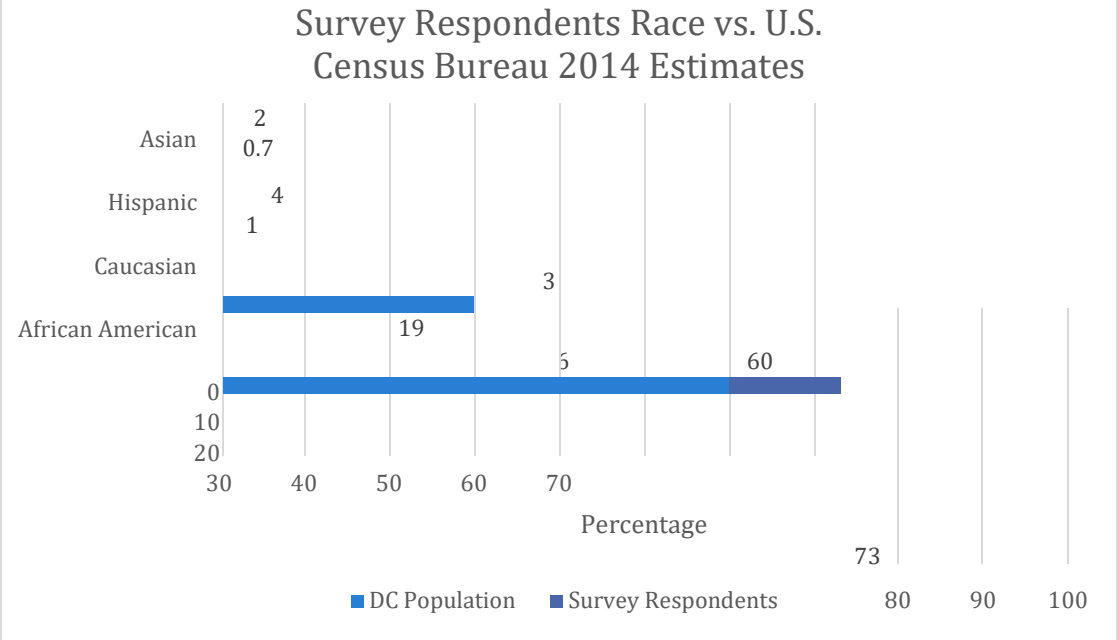
Further review by the GW Institutional Review Board (IRB) is not required.

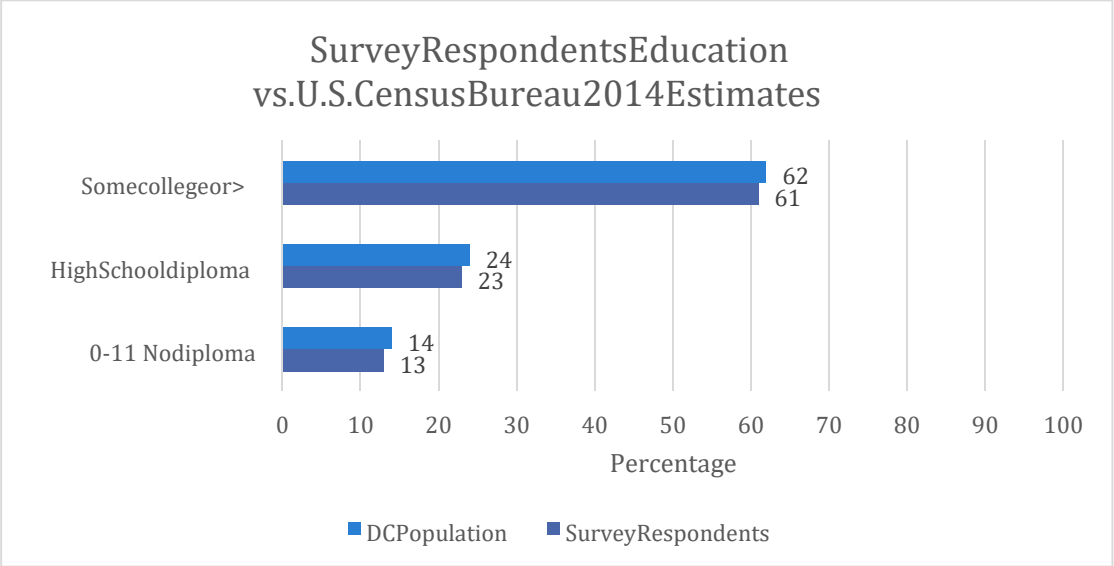
Should your project change in such a way that it does meet the definition of human subjects research, please consult with the Office of Human Research (OHR) before proceeding.

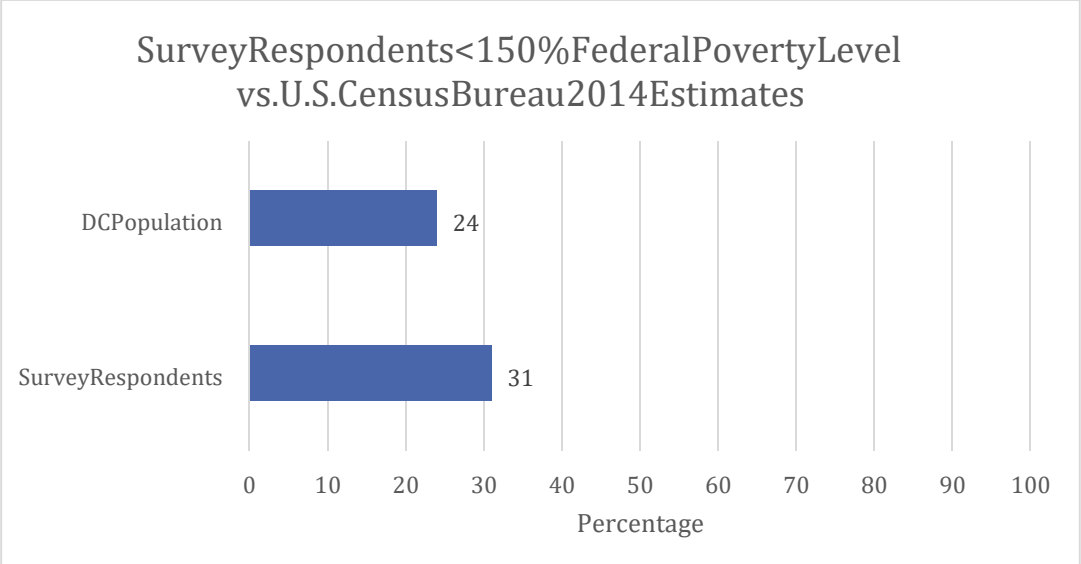
OHR/tao

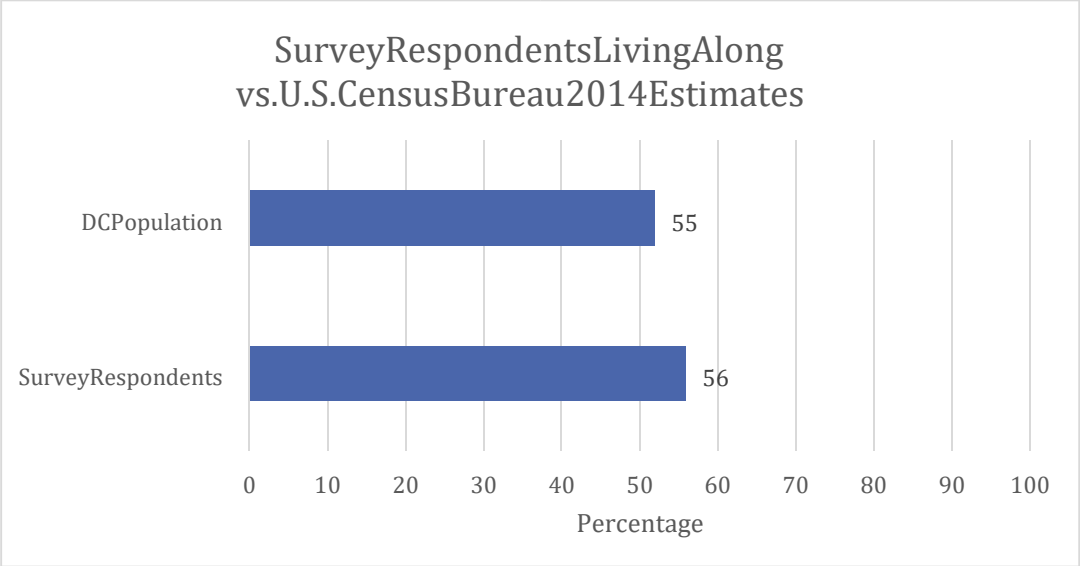
APPENDIX 11: SENIOR SURVEY RESULTS VS. 2014 AMERICAN COMMUNITY SURVEY ESTIMATES

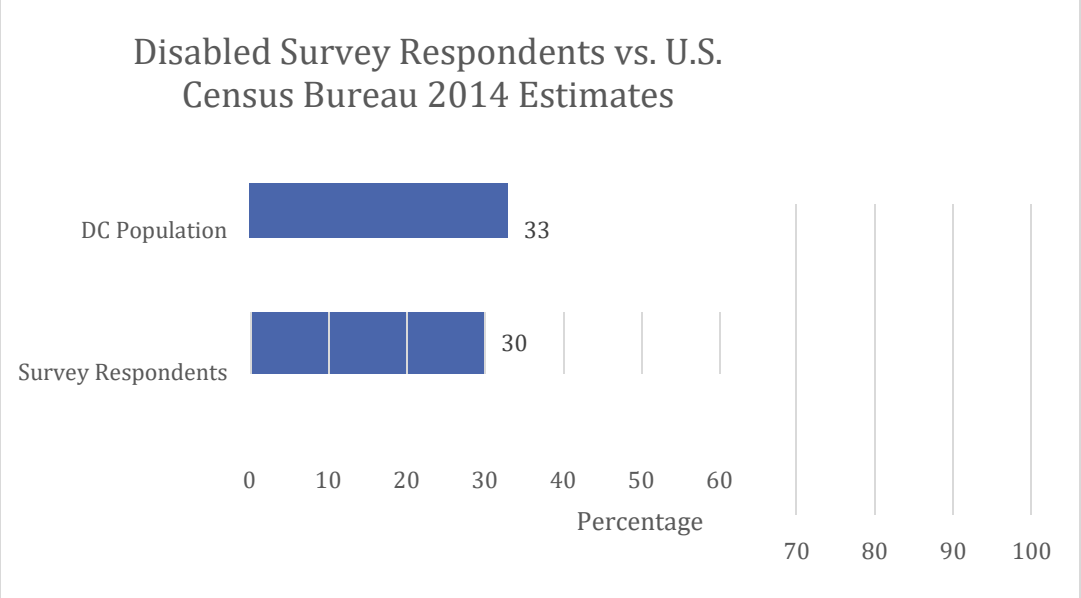


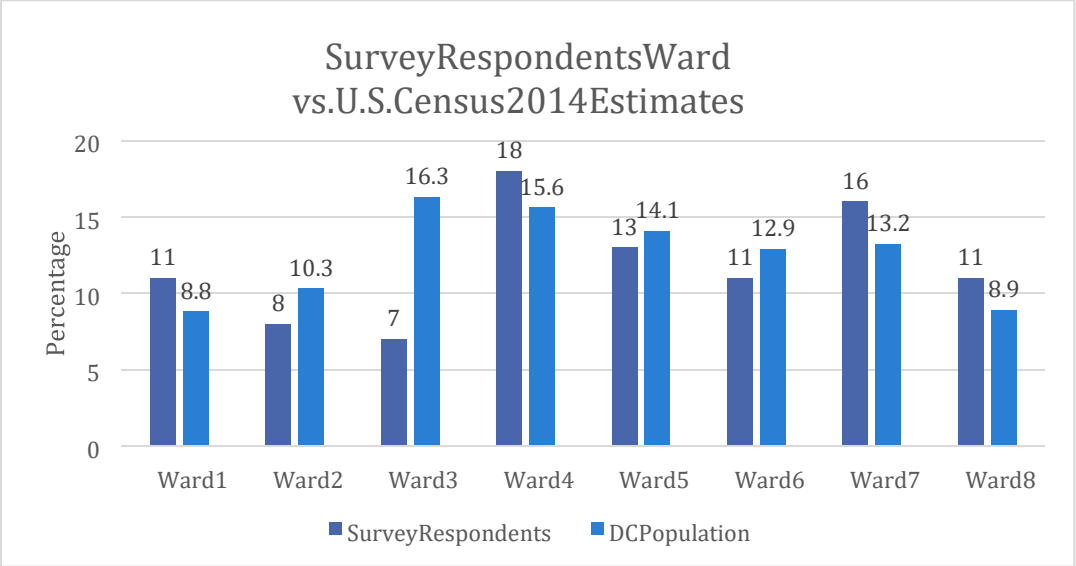



SurveyRespondentsEducation
vs.U.S.CensusBureau2014Estimates
Somecollegeor>
HighSchooldiploma
0-11 Nodiploma
62
61
24
23
14
13
0
10
20
30
40
50
60
70
80
90
100
Percentage
DCPopulation
SurveyRespondents


SurveyRespondents<150%FederalPovertyLevel
vs.U.S.CensusBureau2014Estimates
DCPopulation
SurveyRespondents
24
31
0
10
20
30
40
50
60
70
80
90
100
Percentage


SurveyRespondentsLivingAlong
vs.U.S.CensusBureau2014Estimates
DCPopulation
55
SurveyRespondents
56
0
10
20
30
40
50
60
70
80
90
100
Percentage


Disabled Survey Respondents vs. U.S.
Census Bureau 2014 Estimates
DC Population
33
Survey Respondents
30
0
10
20
30
40
50
60
Percentage
70
80
90
100


SurveyRespondentsWard
vs.U.S.Census2014Estimates
Percentage
20
15
10
5
0
11
8.8
8
10.3
7
16.3
18
15.6
13
14.1
11
12.9
16
13.2
11
8.9
Ward1
Ward2
Ward3
Ward4
Ward5
Ward6
Ward7
Ward8
SurveyRespondents
DCPopulation

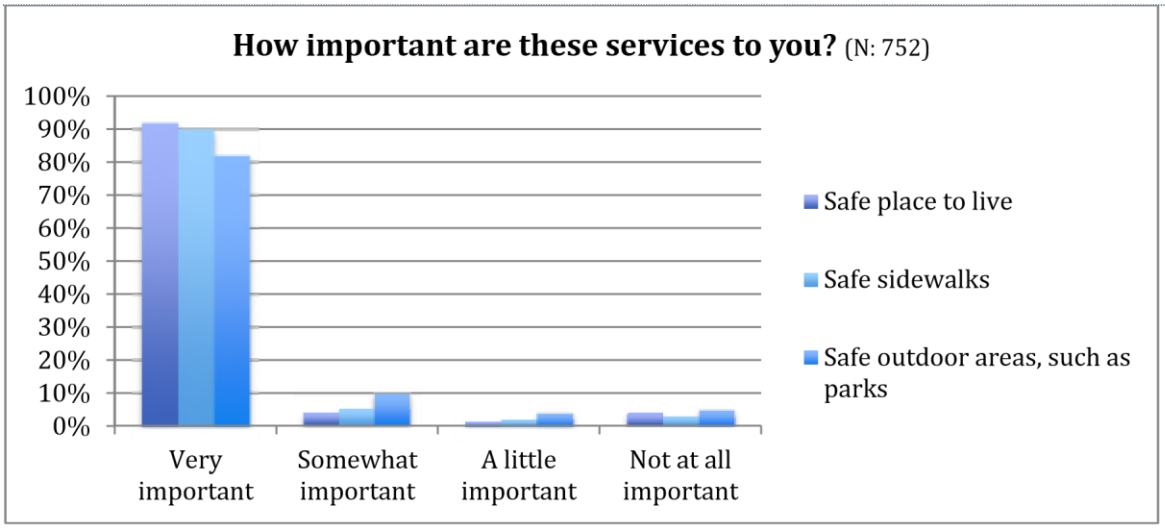
APPENDIX 12: 2016 NEEDS ASSESSMENT RESPONDENT WARD DEMOGRAPHICS

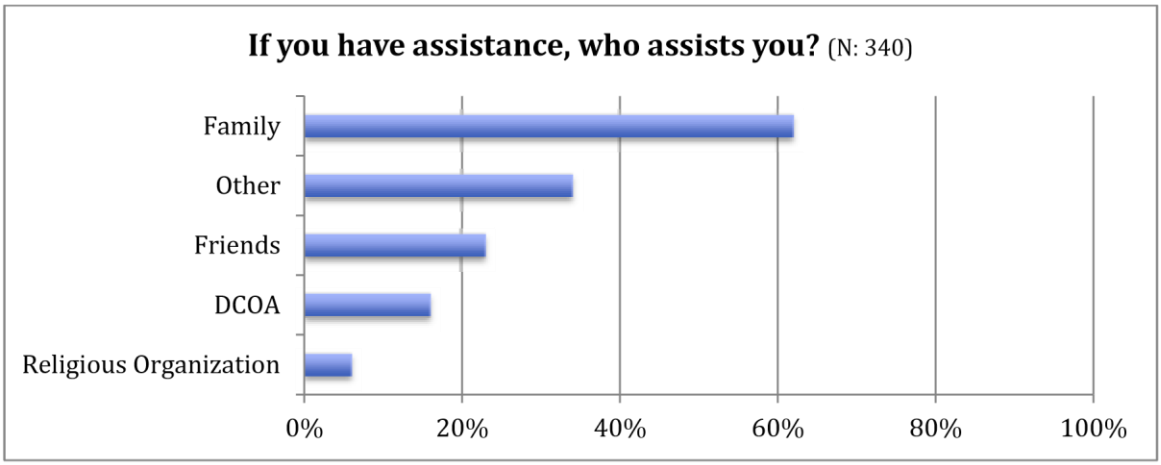
Survey respondents were separated by ward to illustrate differences across wards for age, income, education and sources of information. To highlight major differences in composition among the wards, the cells with greater than 20% are highlighted green.

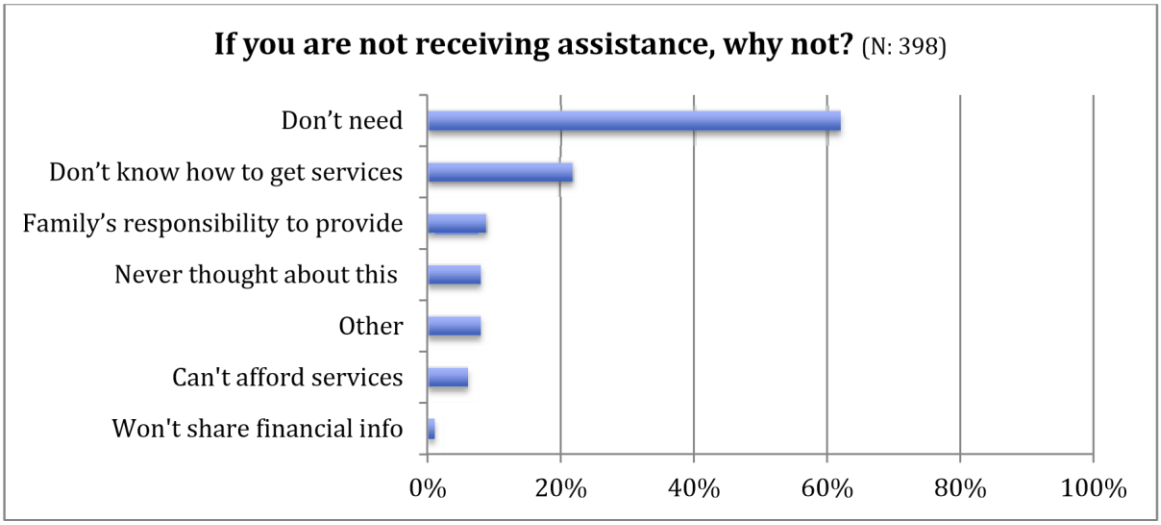
	Respondent Characteristics by DC Ward								TOTALS or AVERAGE
	1	2	3	4	5	6	7	8	
# Survey respondents	93	70	63	159	110	94	137	98	824
	11%	8%	8%	19%	13%	11%	17%	12%	
Sex									
Female	68%	71%	76%	80%	84%	73%	78%	88%	77%
Age (Intra-Ward percentage)									
No Response	1%	0%	0%	0%	1%	1%	0%	0%	0%
18-59	5%	3%	2%	3%	5%	4%	1%	2%	3%
60-64	12%	9%	10%	11%	14%	14%	10%	12%	11%
65-69	26%	27%	16%	17%	23%	29%	27%	26%	24%
70-74	26%	29%	27%	16%	17%	21%	18%	21%	22%
75-79	15%	20%	24%	16%	15%	13%	17%	16%	17%
80-84	8%	6%	11%	16%	8%	10%	12%	16%	11%
85-89	5%	7%	6%	14%	9%	5%	10%	2%	7%
90-94	2%	0%	5%	4%	6%	3%	2%	3%	3%
95+	0%	0%	0%	4%	1%	0%	3%	1%	1%
Race									
No response	3%	1%	3%	6%	2%	2%	4%	4%	3%
Caucasian	35%	80%	84%	5%	1%	10%	1%	0%	27%
Hispanic/ Latino	3%	1%	0%	3%	0%	0%	0%	0%	1%
Black/African American	58%	17%	10%	82%	94%	86%	94%	95%	67%
Native Hawaiian/Pacific Islander	0%	0%	0%	0%	1%	0%	0%	0%	0%
American Indian/Alaskan Native	0%	0%	0%	1%	0%	0%	1%	0%	0%
Asian	0%	0%	3%	1%	0%	1%	0%	1%	1%
No response	6%	10%	13%	14%	13%	16%	18%	9%	12%
< 10,000	14%	10%	5%	13%	22%	23%	21%	28%	17%
10,000-14,999	20%	3%	3%	5%	15%	21%	19%	19%	13%
15,000 - 19,999	8%	3%	3%	10%	8%	4%	14%	9%	7%
20,000-24,999	4%	1%	6%	8%	2%	10%	2%	9%	5%
25,000-29,999	6%	3%	2%	7%	8%	4%	6%	3%	5%
30,000-34,999	8%	4%	2%	8%	4%	1%	3%	7%	4%
35,000-39,999	2%	3%	2%	7%	5%	1%	2%	6%	3%
40,000-44,999	4%	4%	3%	4%	5%	2%	4%	1%	4%
45,000-49,999	1%	1%	5%	2%	3%	2%	1%	2%	2%
50,000- 59,999	6%	4%	10%	6%	5%	0%	2%	2%	4%
	Respondent Characteristics by DC Ward								TOTALS or AVERAGE
	1	2	3	4	5	6	7	8	
60,000-74,999	4%	6%	10%	5%	4%	6%	2%	2%	5%
>75,000	15%	47%	38%	10%	7%	9%	5%	2%	17%
Self-Description (not exclusive)									
Senior	63%	86%	78%	70%	68%	69%	80%	63%	
Senior with disability	35%	16%	17%	32%	28%	35%	26%	45%	
Non-senior with disability	2%	1%	0%	2%	0%	3%	0%	0%	
Caregiver	1%	6%	11%	12%	15%	3%	4%	6%	
Relative of senior who needs care	2%	1%	13%	8%	6%	2%	3%	3%	
Neighbor of senior who needs care	0%	1%	6%	3%	4%	1%	0%	1%	

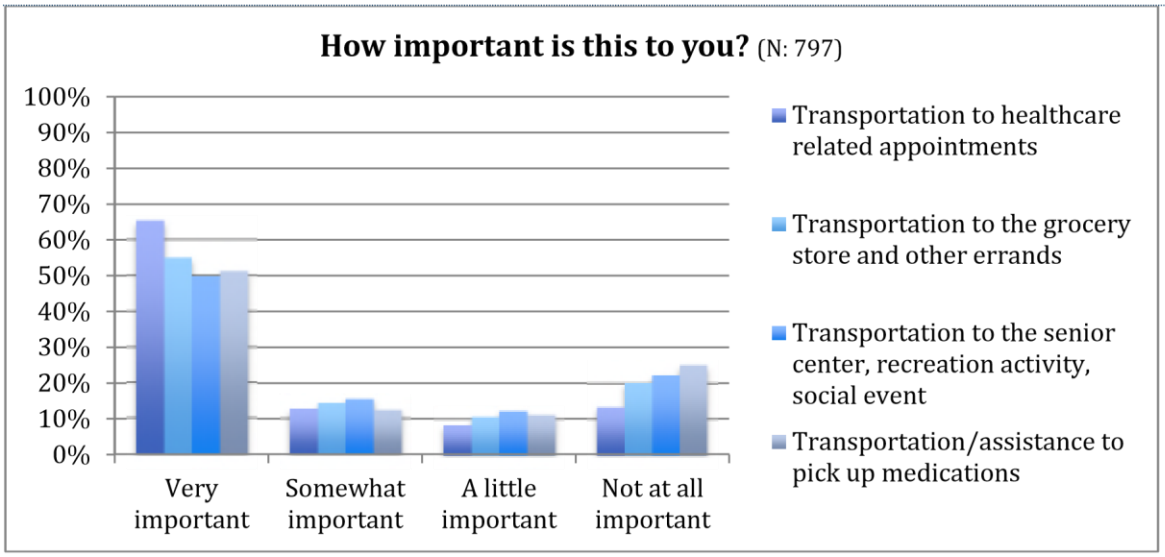
Education									
No response	2%	1%	0%	2%	1%	2%	1%	3%	2%
0-11 years, no diploma	12%	1%	3%	9%	13%	3%	21%	16%	10%
High school diploma	26%	7%	3%	18%	23%	2%	32%	38%	19%
Some college	13%	3%	13%	19%	22%	0%	25%	27%	15%
Associate's degree	2%	1%	2%	7%	8%	1%	4%	6%	4%
Bachelor's degree	17%	16%	27%	17%	12%	2%	7%	3%	12%
Graduate/professional degree	28%	70%	52%	28%	22%	0%	9%	7%	27%
Employment Status									
No response	3%	0%	0%	3%	2%	5%	1%	1%	2%
Fully retired	65%	57%	63%	71%	67%	0%	65%	65%	57%
Working full-time	8%	9%	11%	8%	6%	0%	6%	4%	6%
Homemaker	0%	0%	0%	0%	2%	1%	3%	0%	1%
Retired but working part-time	3%	13%	16%	8%	6%	1%	3%	5%	7%
Unemployed, looking for work	1%	3%	2%	4%	5%	0%	4%	3%	3%
Unemployed, not looking for work	4%	0%	2%	2%	1%	2%	3%	1%	2%
Disabled	14%	7%	2%	3%	10%	0%	14%	19%	9%
Other (e.g., work part time or volunteer)	2%	11%	5%	1%	1%	0%	1%	1%	3%
Where do you get info on senior services? (not exclusive)									
Word of mouth	55%	31%	43%	43%	51%	47%	33%	40%	38%
Television	17%	11%	8%	19%	24%	28%	12%	28%	16%
Radio	12%	6%	11%	9%	6%	13%	1%	9%	8%
Senior center	29%	9%	21%	33%	43%	47%	53%	50%	30%
Newspaper/ newsletter	31%	47%	57%	26%	28%	22%	11%	17%	28%
Senior Beacon	26%	7%	11%	27%	26%	14%	20%	20%	18%
Internet	35%	29%	37%	20%	16%	9%	9%	11%	21%
Office on Aging	41%	17%	11%	42%	45%	33%	32%	36%	29%
AARP 34% 49% 37% 38% 45% 34% 33% 45% 36% Villages 13% 37% 14% 1% 0% 1% 0% 0% 8%									

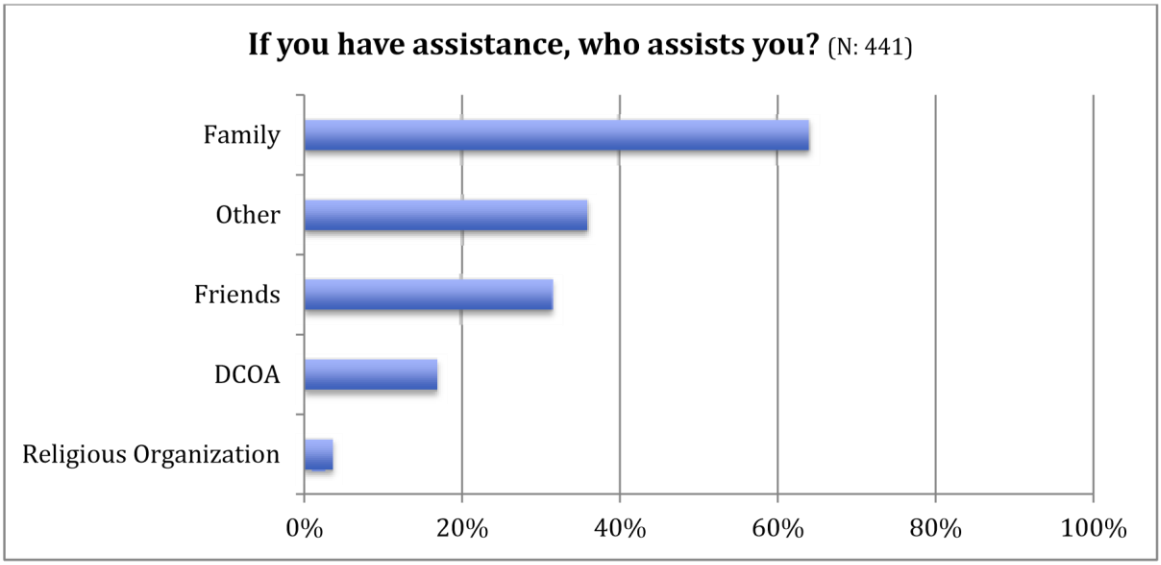
APPENDIX 13: OLDER ADULT SERVICE/ ACTIVITY RESPONSES

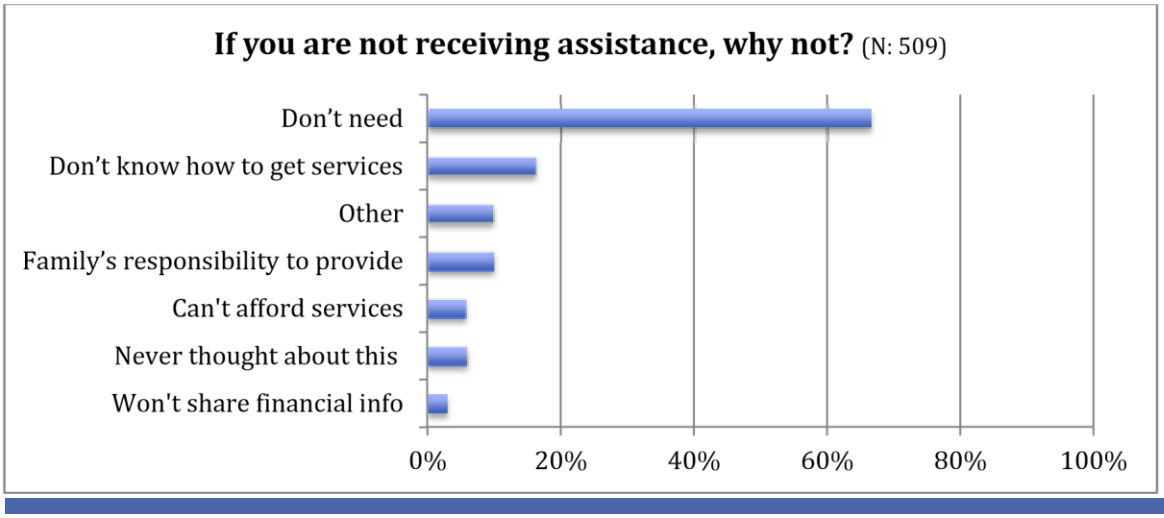

How important are these services to you? (N: 752)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Very important
Somewhat important
A little important
Not at all important
Safe place to live
Safe sidewalks
Safe outdoor areas, such as parks


If you have assistance, who assists you? (N: 340)
Family
Other
Friends
DCOA
Religious Organization
0%
20%
40%
60%
80%
100%


If you are not receiving assistance, why not? (N: 398)
Don't need
Don't know how to get services
Family's responsibility to provide
Never thought about this
Other
Can't afford services
Won't share financial info
0%
20%
40%
60%
80%
100%

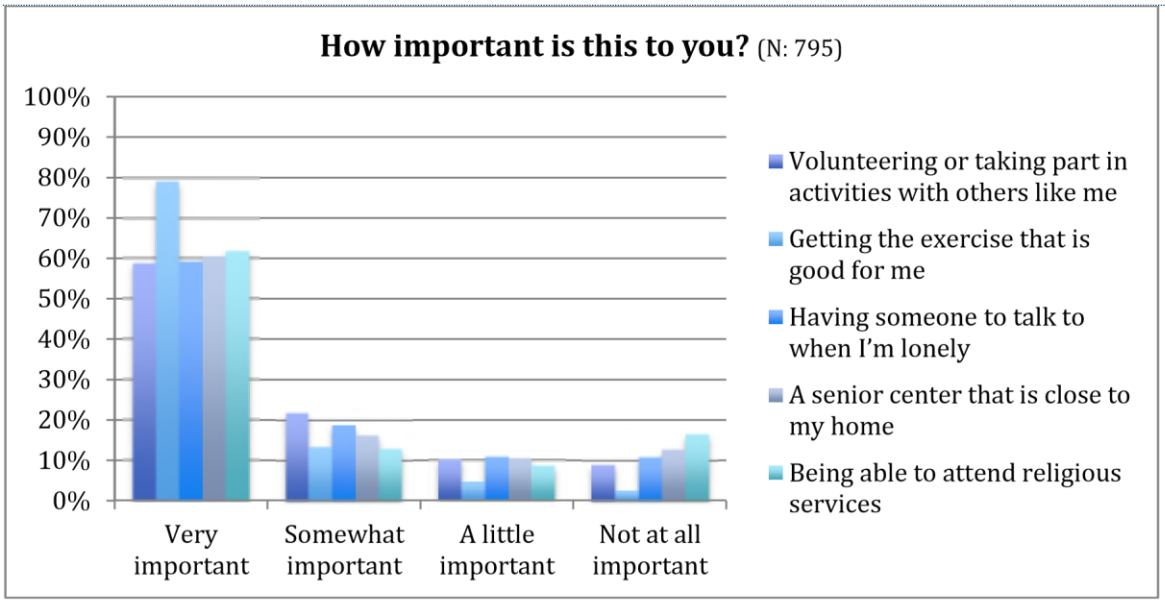

How important is this to you? (N: 797)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Very important
Somewhat important
A little important
Not at all important
Transportation to healthcare related appointments
Transportation to the grocery store and other errands
Transportation to the senior center, recreation activity, social event
Transportation/assistance to pick up medications

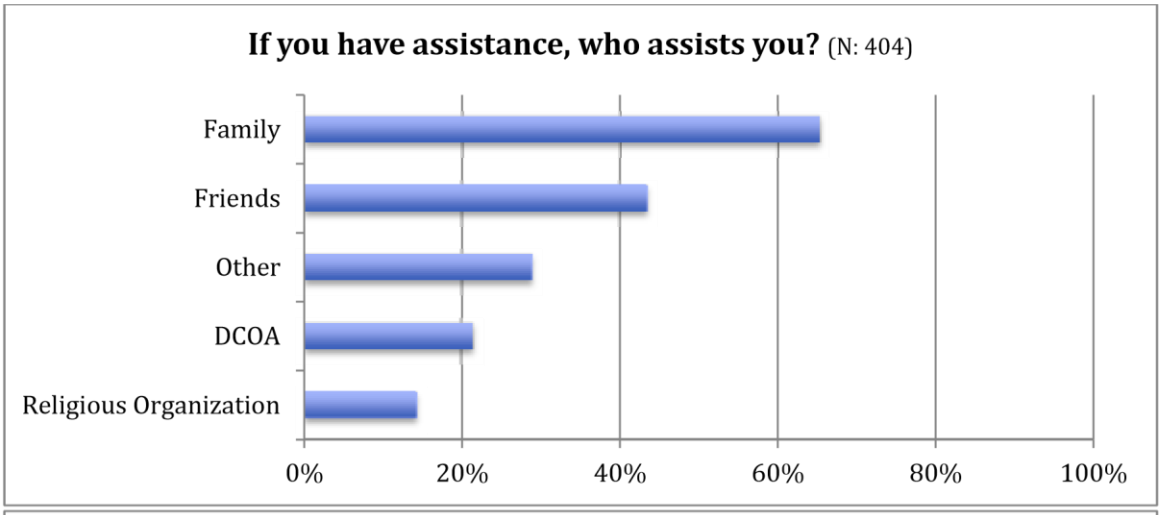

If you have assistance, who assists you? (N: 441)
Family
Other
Friends
DCOA
Religious Organization
0%
20%
40%
60%
80%
100%

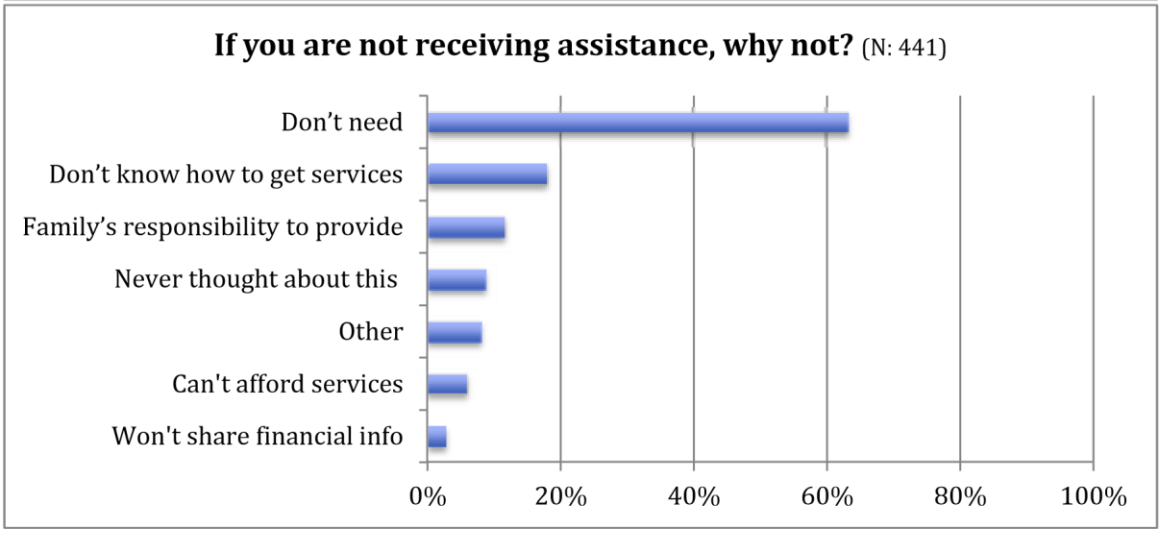

If you are not receiving assistance, why not? (N: 509)
Don't need
Don't know how to get services
Other
Family's responsibility to provide
Can't afford services
Never thought about this
Won't share financial info
0%
20%
40%
60%
80%
100%

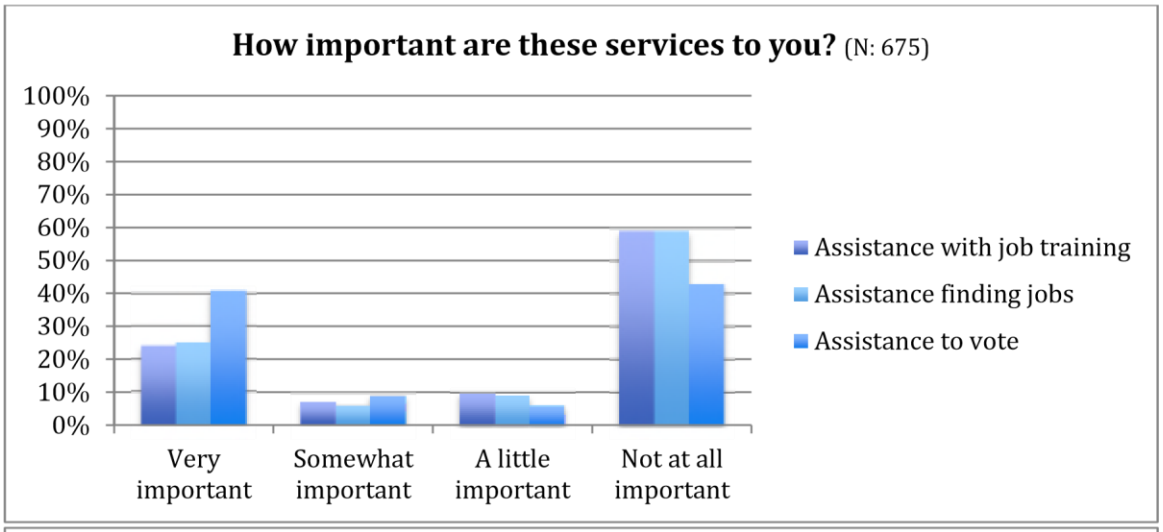

How important is this to you? (N: 793)
100%
90%
Keeping warm or cool as the

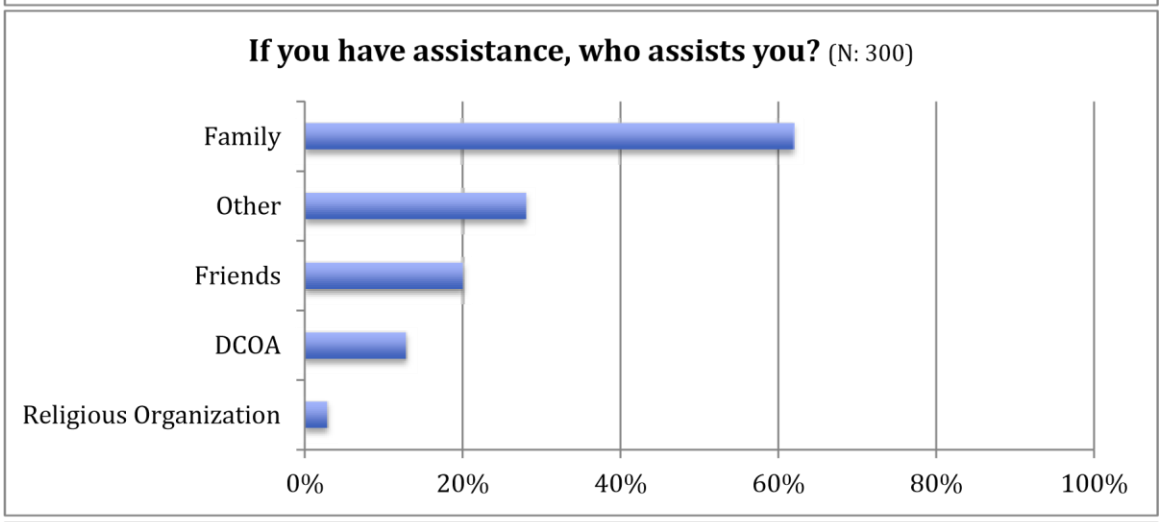
DOMAIN 4: SOCIAL PARTICIPATION & DOMAIN 5: RESPECT AND SOCIAL INCLUSION

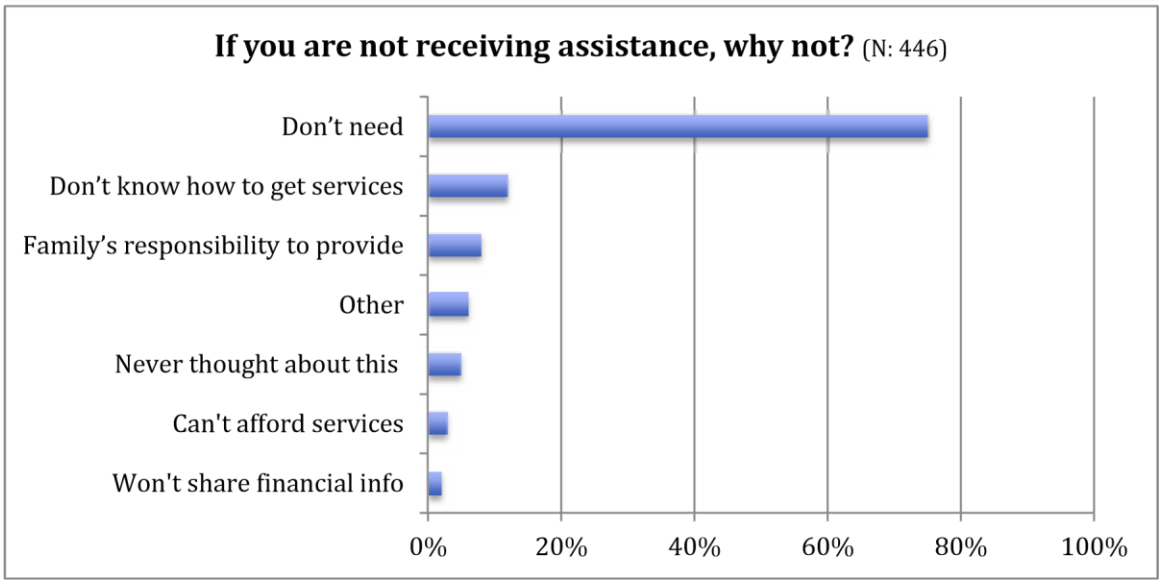

How important is this to you? (N: 795)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Very important
Somewhat important
A little important
Not at all important
Volunteering or taking part in activities with others like me
Getting the exercise that is good for me
Having someone to talk to when I'm lonely
A senior center that is close to my home
Being able to attend religious services

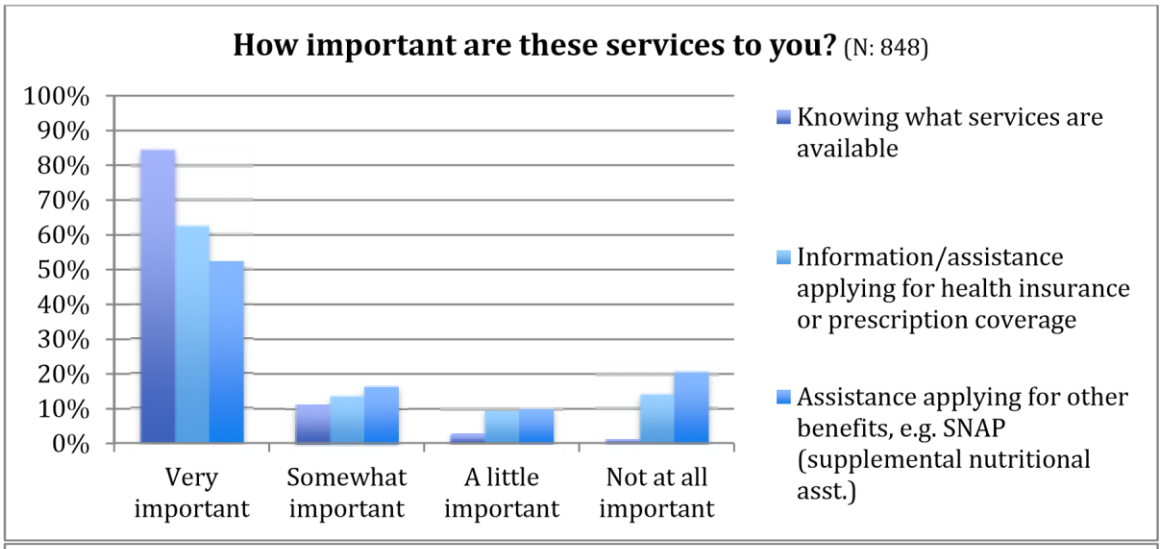

If you have assistance, who assists you? (N: 404)
Family
Friends
Other
DCOA
Religious Organization
0%
20%
40%
60%
80%
100%

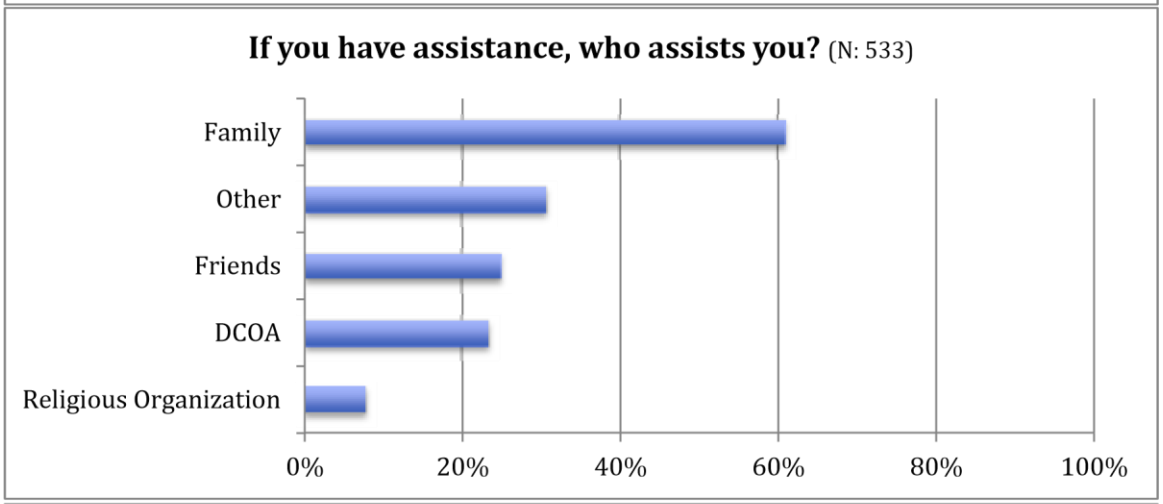

If you are not receiving assistance, why not? (N: 441)
Don't need
Don't know how to get services
Family's responsibility to provide
Never thought about this
Other
Can't afford services
Won't share financial info
0%
20%
40%
60%
80%
100%

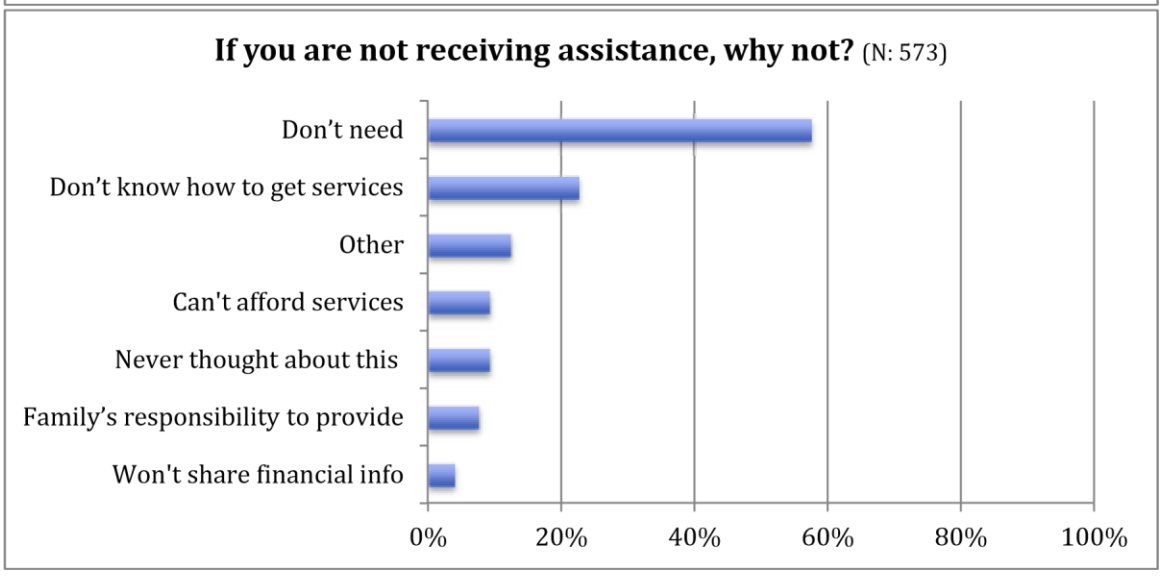

How important are these services to you? (N: 675)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Very important
Somewhat important
A little important
Not at all important
Assistance with job training
Assistance finding jobs
Assistance to vote


If you have assistance, who assists you? (N: 300)
Family
Other
Friends
DCOA
Religious Organization
0%
20%
40%
60%
80%
100%

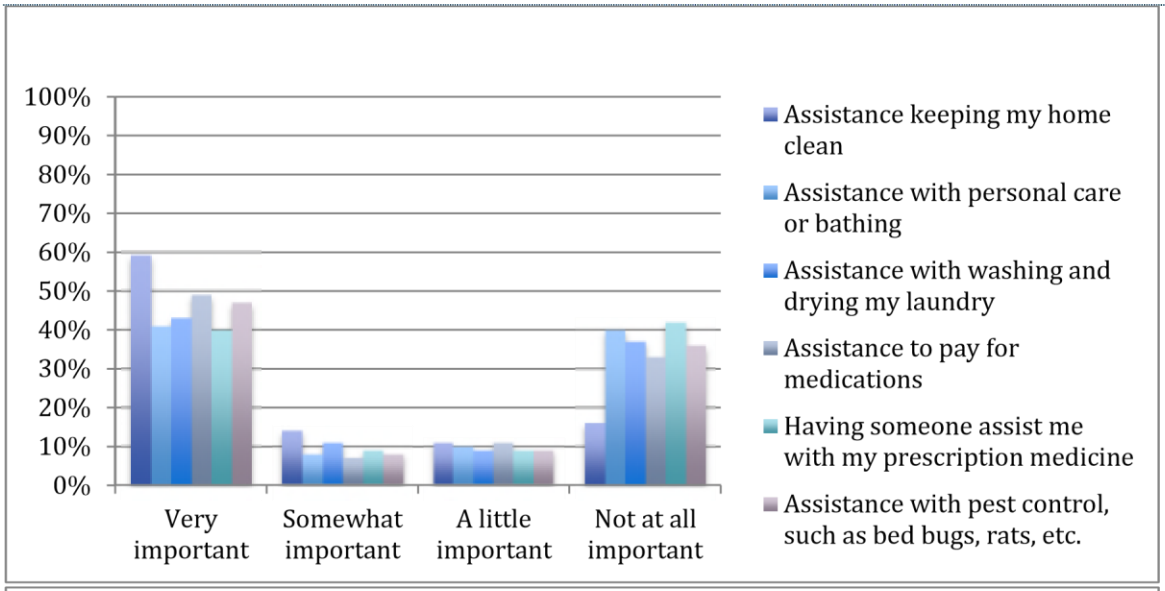

If you are not receiving assistance, why not? (N: 446)
Don't need
Don't know how to get services
Family's responsibility to provide
Other
Never thought about this
Can't afford services
Won't share financial info
0%
20%
40%
60%
80%
100%

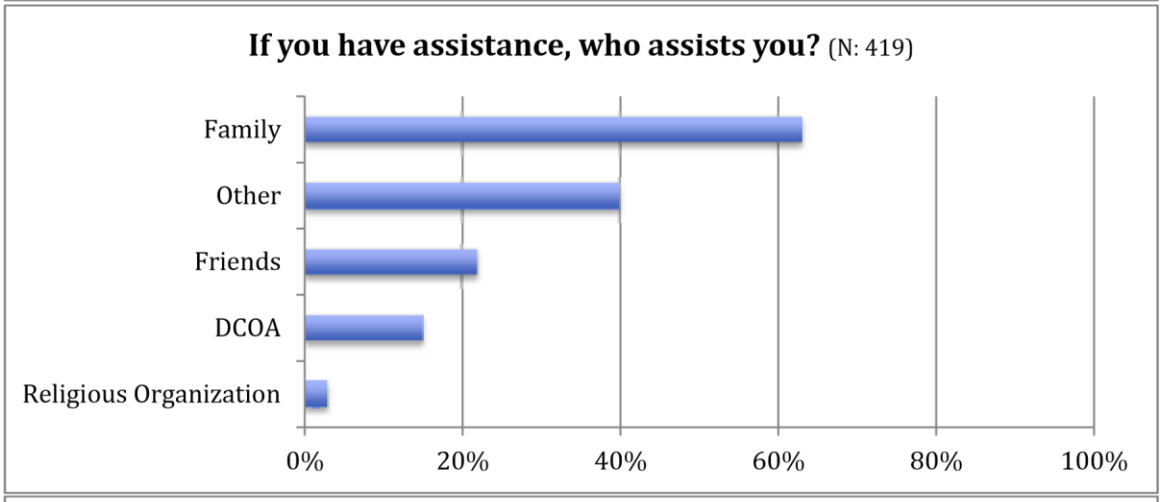

How important are these services to you? (N: 848)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Very important
Somewhat important
A little important
Not at all important
Knowing what services are available
Information/assistance applying for health insurance or prescription coverage
Assistance applying for other benefits, e.g. SNAP (supplemental nutritional asst.)

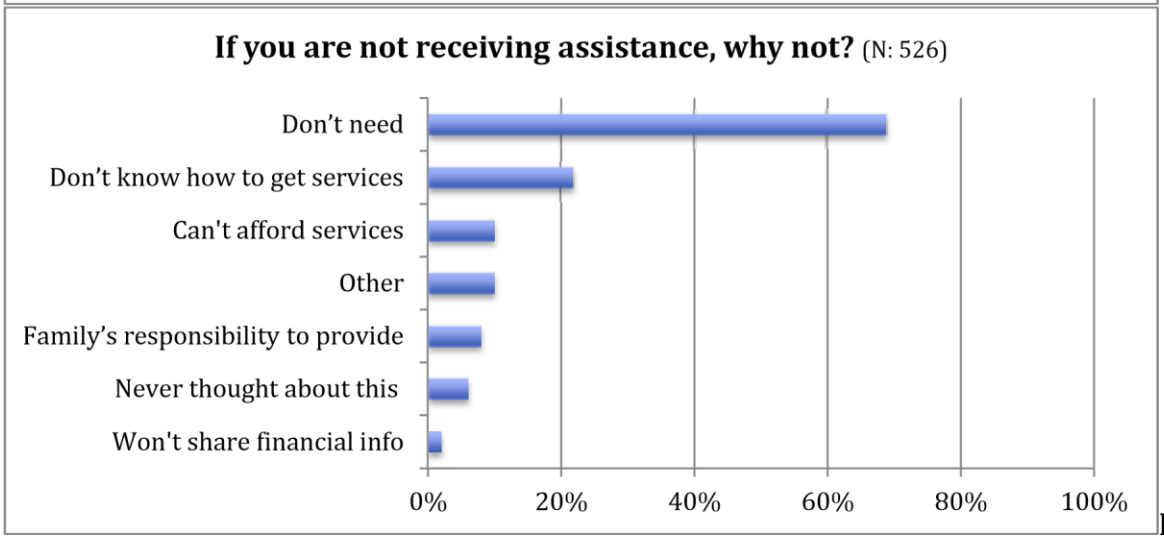

If you have assistance, who assists you? (N: 533)
Family
Other
Friends
DCOA
Religious Organization
0%
20%
40%
60%
80%
100%


If you are not receiving assistance, why not? (N: 573)
Don't need
Don't know how to get services
Other
Can't afford services
Never thought about this
Family's responsibility to provide
Won't share financial info
0%
20%
40%
60%
80%
100%

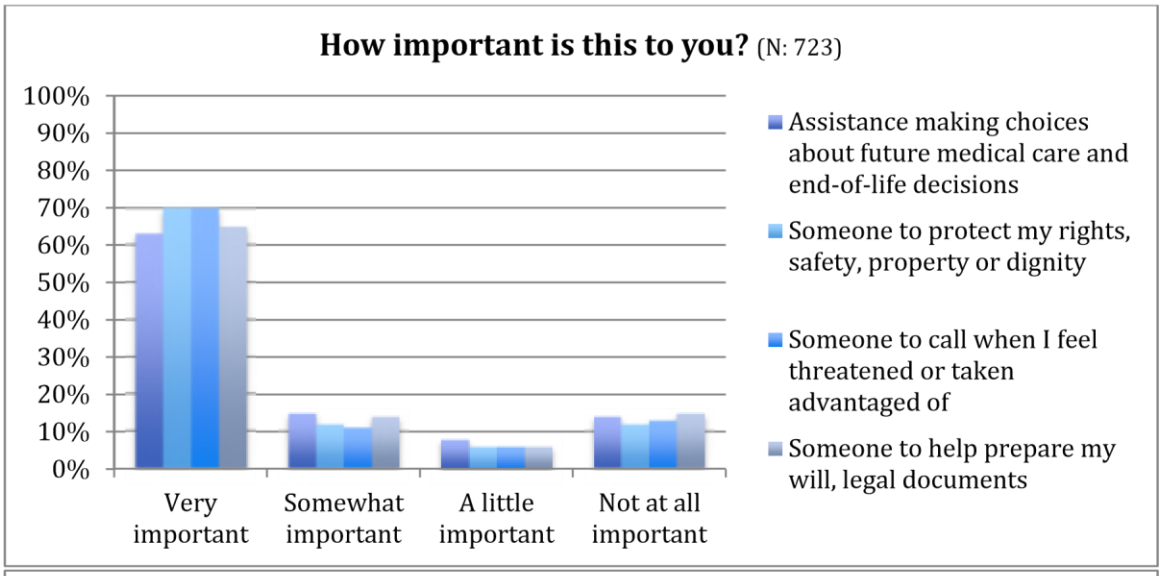
DOMAIN 8: COMMUNITY AND HEALTH SERVICES

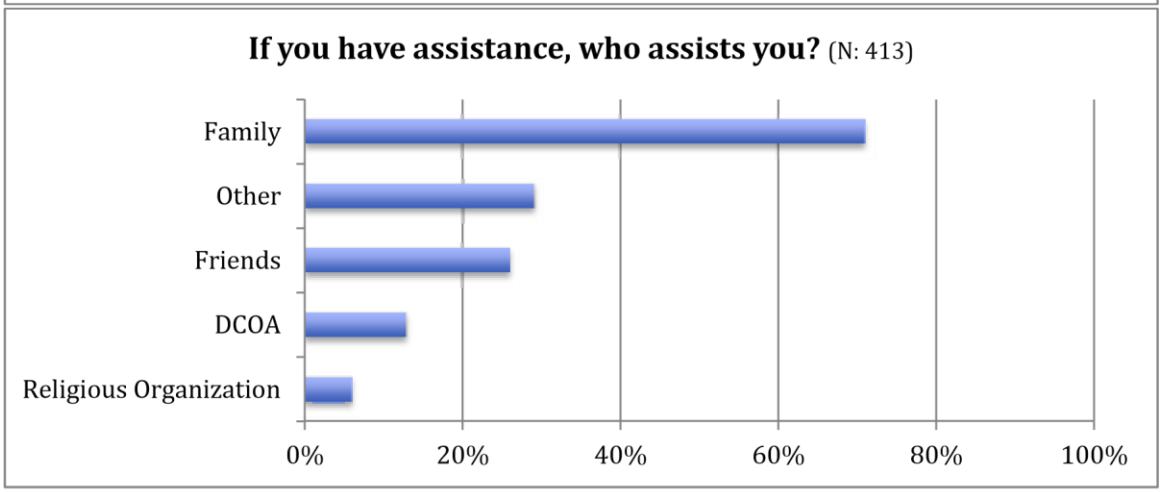


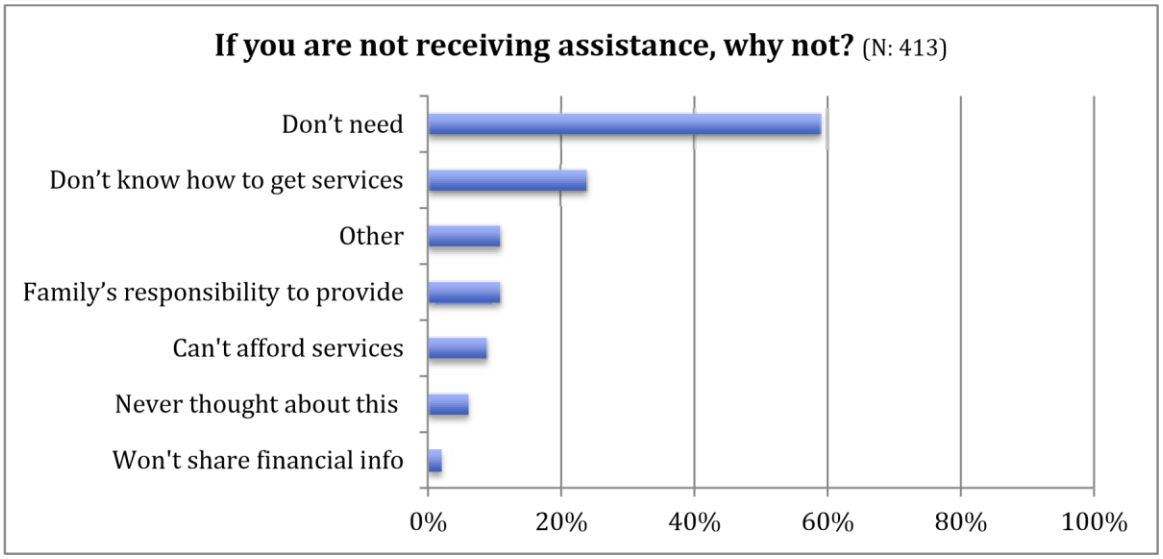


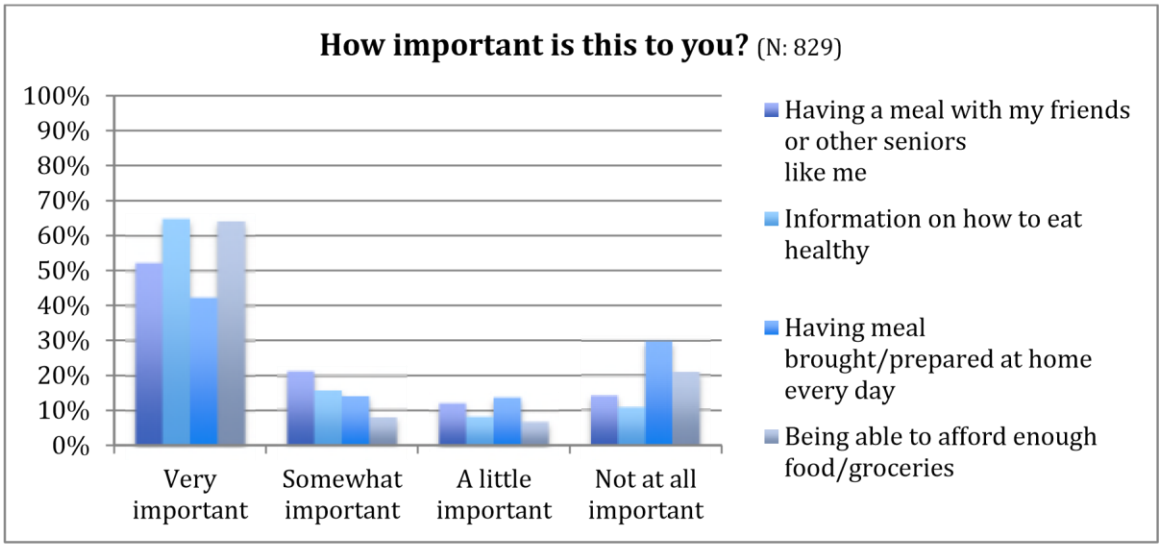


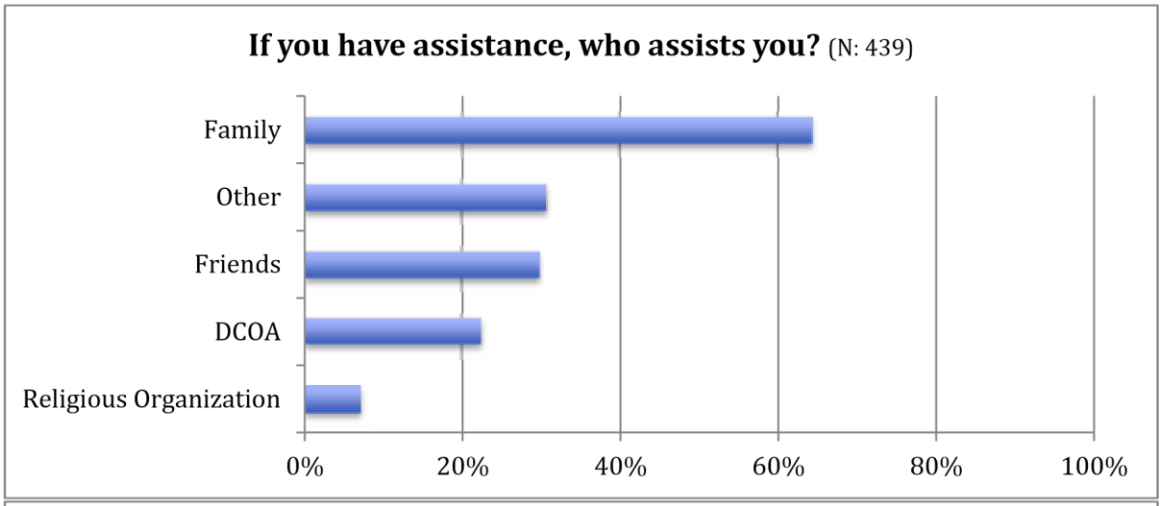
How important is this to you? (N: 787)

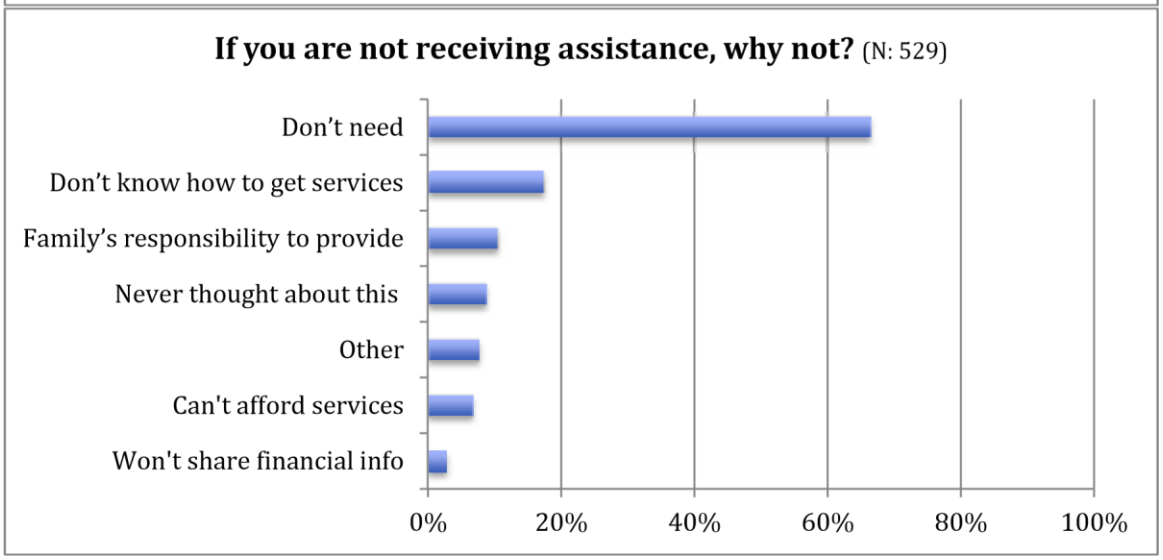

How important is this to you? (N: 723)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Very important
Somewhat important
A little important
Not at all important
Assistance making choices about future medical care and end-of-life decisions
Someone to protect my rights, safety, property or dignity
Someone to call when I feel threatened or taken advantaged of
Someone to help prepare my will, legal documents

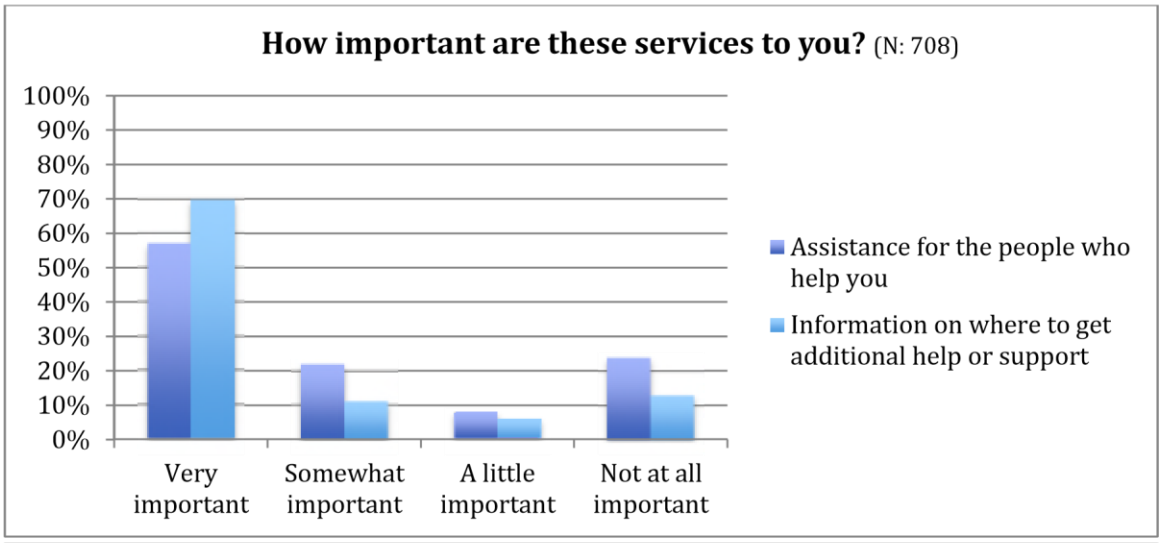

If you have assistance, who assists you? (N: 413)
Family
Other
Friends
DCOA
Religious Organization
0%
20%
40%
60%
80%
100%

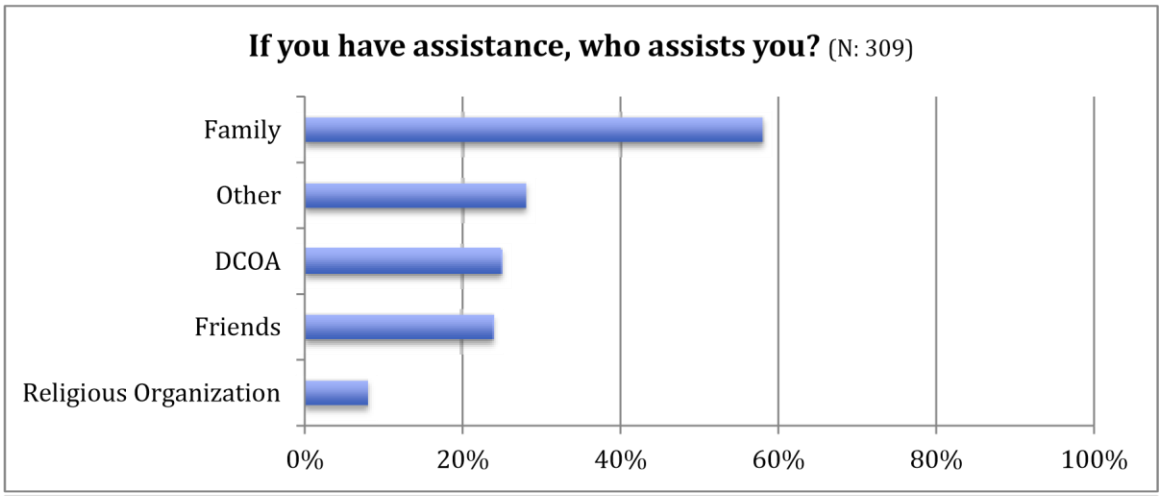

If you are not receiving assistance, why not? (N: 413)
Don't need
Don't know how to get services
Other
Family's responsibility to provide
Can't afford services
Never thought about this
Won't share financial info
0%
20%
40%
60%
80%
100%

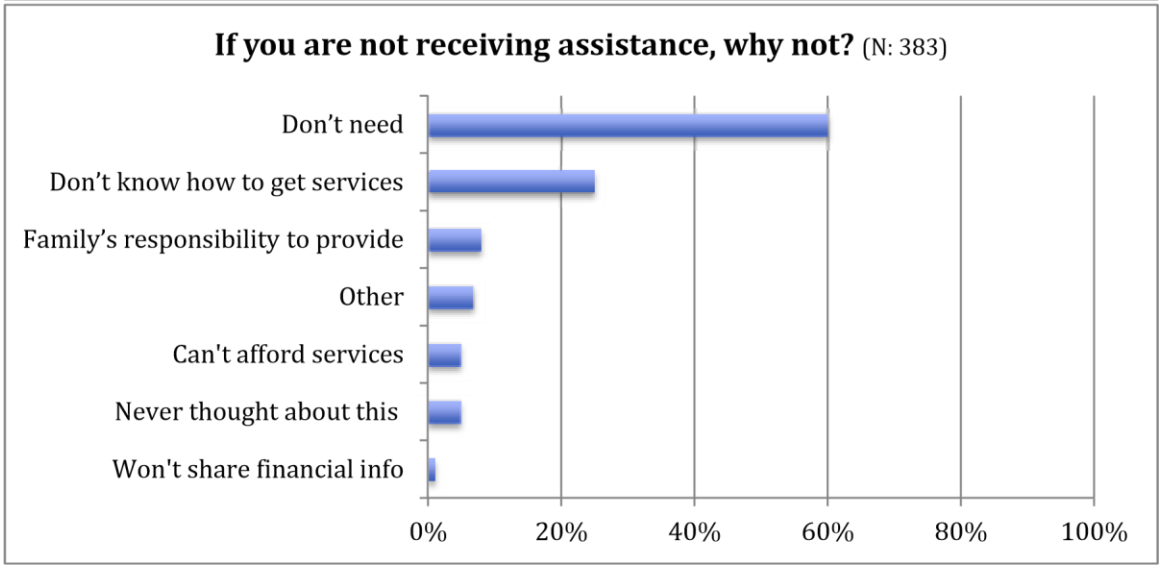

How important is this to you? (N: 829)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Very important
Somewhat important
A little important
Not at all important
Having a meal with my friends or other seniors like me
Information on how to eat healthy
Having meal brought/prepared at home every day
Being able to afford enough food/groceries


If you have assistance, who assists you? (N: 439)
Family
Other
Friends
DCOA
Religious Organization
0%
20%
40%
60%
80%
100%


If you are not receiving assistance, why not? (N: 529)
Don't need
Don't know how to get services
Family's responsibility to provide
Never thought about this
Other
Can't afford services
Won't share financial info
0%
20%
40%
60%
80%
100%


How important are these services to you? (N: 708)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Very important
Somewhat important
A little important
Not at all important
Assistance for the people who help you
Information on where to get additional help or support


If you have assistance, who assists you? (N: 309)
Family
Other
DCOA
Friends
Religious Organization
0%
20%
40%
60%
80%
100%


If you are not receiving assistance, why not? (N: 383)
Don't need
Don't know how to get services
Family's responsibility to provide
Other
Can't afford services
Never thought about this
Won't share financial info
0%
20%
40%
60%
80%
100%

APPENDIX 14: BEST/GOOD PRACTICES

Domain 1: Outdoor Spaces and Building

DC Parks RX

A community health initiative in coordination with local DC pediatricians to write prescriptions to encourage wellness by connecting them to local parks. Parks are recommended based on proximity and accessible resources. Contact: Unity Health Care Pediatrics Department

Resource: http://aapdc.org/chapter-initiatives/dc-park-rx/

Increase Park Usage- NYC

BeFitNYC is a search engine on the Parks website that helps senior New Yorkers find free and low-cost fitness opportunities offered by the Parks Department and partners.

Senior Swim hours have been designated at 15 public pools citywide, which is double the number of pools in the original pilot program. *Resource:* https://www.nycgovparks.org/seniors

Domain 2: Transportation

Accessible Dispatch- NYC

The City's Taxi and Limousine Commission (TLC) launched Accessible Dispatch compensates drivers for their travel to a pickup location, so passengers pay only the metered taxi fare. In addition, TLC was recently authorized to increase the number of medallions for accessible taxicabs by 2000. All drivers of wheelchair accessible taxicabs are required to participate in the Accessible Dispatch program. *Contact:* NYC Department for the Aging

Market Ride- NYC

Market Ride uses school buses during off hours to take seniors from senior centers to supermarkets and farmers' markets. School buses are also used to take senior center members to recreational facilities, museums, Broadway shows, and a host of other venues. Buses depart from the centers in the mornings and return to the center just before lunchtime. *Contact:* NYC Department for the Aging

Simply Get There

Atlanta Regional Commission- developed an interactive "Trip discovery" tool for public, private, specialized and volunteer transportation services. *Resource:* http://www.simplygetthere.org/

Transportation Reimbursement Escort Program

Operated in conjunction with a local non-profit. The senior is responsible for finding their own driver to take them wherever they need to go. They submit a claim, certifies it and sends it to the Senior and Disabled Fund for payment. At the end of

each month DAAS reimburses the Senior and Disabled Fund for the total cost of the month's claims. *Contact:* San Bernadino DAAS

Domain 3: Housing

EZ Fix Program

The EZ Fix Program helps seniors and adults with disabilities remain safely in their homes by providing minor home repair, housekeeping, and in-home technology training and services throughout
Contact: Maine Eastern Area Agency on Aging

Free A/C

Due to fluctuations in funding, the number of air conditioners distributed to at-risk residents who meet low-income guidelines and suffer from a documented medical condition.
Contact: NYC Department for the Aging

Living Together Benefits Young People and Old

At a dozen independent living residences that serve older adults, college students are invited to move in and pay discounted rent in exchange for socializing with the building's older residents. Another program helps fill rooms in the houses of older adults with empty nests. Contact: Lyon, France - from AARP

Making Big Sense of Small Homes

Accessory dwelling units (ADUs) are small, independent housing units created within single-family homes or on their lots. Reduced (or "waived the largest") municipal fees and adjusted the city's zoning codes to make it easier for a homeowner to add an ADU to his or her property. An overriding reason for the change: to help residents age in place. The cost of building ADUs is borne by the property owner. Contact: Portland, OR

Rent Increase Exemption Program

The Senior Citizen Rent Increase Exemption Program (SCRIE) provides eligible older New Yorkers with an exemption from some or all increases in rent. The City successfully transferred responsibility for administering SCRIE from DFTA to the Department of Finance (DOF). Partnering with DOF, DFTA staffs an on-site walk-in center to assist with applications. Customer service has improved through the walkin center, improved language access, a dedicated customer service group within the Exemptions division, and the publication of a comprehensive SCRIE guide. The processing time for SCRIE approval or denial has been reduced to 30 days. *Resource:* http://www1.nyc.gov/nyc-resources/service/2424/senior-citizen-rentincrease-exemption-scrie

Domain 4: Social Participation and Domain 5: Respect and Social Inclusion

Community Breakfast

Breakfast Shoppe is a Monday through Friday 7:00-9:00 a.m. Community Breakfast Program at the Rochester Senior Center run jointly by the FRIENDS of the Rochester Senior Center and Rochester Lions Club. It operates solely with volunteers who do the purchasing, cooking, serving and clean-up. Historically, numerous community folk, namely senior citizens and many of them male, would gather for hours at this site for a bite of breakfast and coffee, but also for the opportunity to socialize and chat or debate about local happenings and state and world news. The COA has tripled its annual unduplicated participation count overall, and it has doubled the number of male attendees within the unduplicated count.

Creative Aging Art Courses

The New York public Library has been offering Creative Aging art courses that include quilt-making, music, drama, creative writing, and portraiture. The NYPL received private grants to increase technology courses and programming for older adults, and the NYPL Tech Connect staff, who focus on computer training, has developed curricula for several computer classes targeting those over 50.
Resource: https://www.nypl.org/blog/2016/09/01/creative-aging-ourcommunities
Resource: http://www.lifetimearts.org/

Seniors Partnering with Artists Citywide (SPARC)

SPARC places artists in residence at the City's senior centers, where they provide arts programming to older adults. Artists work at various centers in a variety of media, including dance, theater, visual arts, music, photography, and writing.
Resource: http://www.nyc.gov/html/dcla/html/sparc/sparc.shtml

Sicolovia (DC street festivals)

Síclovía is a free street party and health fair hosted in cities nationwide. Along the route, the partners, including the AWLW program, host what are known as reclovías—areas where attendees can stop to watch demonstrations, participate in physical activities, or learn more about their health.

Silver Line Helpline

24-hour call center for older adults seeking to fill a basic need: contact with other people.
Resource: https://www.thesilverline.org.uk/

Telephone Reassurance Program- NYC

117 community-based senior center providers participated in DFTA's telephone reassurance program and made 41,947 calls to homebound older adults in their respective communities.
Contact: NYC Department for the Aging

Domain 6: Civic Participation and Employment

Senior Job Club

The project helps seniors return to the workforce and achieve financial stability by: (1) increasing employment skills through a 6-week job search skills training and one-on-one coaching, (2) increasing education and work skills through computer technology training and (3) increasing employment through on-the-job training.
Contact: Region IV Area Agency on Aging

Success Mentor Initiative

Program that connects mentors to students who are chronically absent in an effort to improve attendance. Each mentor was matched with 15-20 mentees. At the end of the school year, the percentage of chronically absent students declined on average by 50%.
Contact: NYC Department for the Aging

Workforce Academy for Youth

Workforce Academy for Youth (WAY) is a groundbreaking intergenerational program that utilizes the strengths of older volunteers as Life Skills Coaches in mentoring youth ages 17-21 who 'age out' of the foster care system. WAY unites older adults with youth to support the acquisition of work and life skills in a sixmonth paid internship program that provides employment, training and mentorship. After six sessions, the graduation rate is 89 percent. Of those who graduated, 89 percent were hired to continue working in County departments after graduation and 26 percent of those who were not previously enrolled in school registered for college.
Contact: San Diego Workforce Partnership
Resource: http://workforce.org/youth-programs

Domain 7: Communication and Information

NIH- Older Adult Recommendations for Website Design

By performing usability tests DCOA can discover which online format DC seniors find conducive in obtaining information through the current website, or alternatives that include self-identification filter or a resource filter. By holding focus groups, observing current usage, multiple platform abilities, structured interviews the ability to develop a senior-friendly website that minimizes user discovery time and maximizes the user experience.
Resource: https://www.nia.nih.gov/health/publication/making-your-websitesenior-friendly
Example: http://www.nyc.gov/html/dfta/html/home/home.shtml
Example: http://www.area10agency.org/
Example: https://www.marinhhs.org/community-resource-guide

Virtual Senior Center Model, see http://vscm.selfhelp.net/classes. The Virtual Senior Center offers: 1) Simple, senior-friendly, touch screen computer, 2) Technical Support at

home, on the phone or remotely, 3) Socialization, education, and recreation in a secure online environment, 4) 25-35 weekly entertaining discussion-based classes where you can see, hear, and talk to each other, 5) Easy access to online resources, games, email, and Skype

Domain 8: Community and Health Services

Club Memory

Offered by the Sibley Senior Association, is citywide. It is funded by an Alzheimer's Disease Initiative Grant. The primary purpose is to build community around the person with Alzheimer's disease and their care partners. They provide daytime activities and support groups for both the person with Alzheimer's and their care partner, and also sponsor meals, outings (e.g., Lincoln Cottage, Arboretum), take people to art, music, and equine therapy, and sponsor congregate meals. [Domains 1,2,4,5,7, 8 and 12]

Although currently focused on Alzheimer's disease and other dementias, the program may be amenable to adaption for persons with other chronic diseases and their caregivers. Data on program effectiveness have not yet been collected and analyzed.

Community paramedicine program

Community paramedicine aims to abate the frequency of unnecessary hospitalizations by performing focused patient assessment and providing treatment within the confines of patients' own homes. With the intent of keeping the patient at home and under the care of their primary care providers, risks associated with the catch-all safety net of an emergency department and/or an unnecessary readmission are avoided.

Resource: https://www.naemt.org/MIH-CP/MIH-CP.aspx

The Coordinating Center

Funded by grants and contracts, the Center coordinates services and navigates systems with people who have complex needs so they can live in the community. Located in Anne Arundel County, the Coordinating Center serves all of Maryland. Services include population health, community care coordination, community care transitions, housing and supportive services, managed care case management, and medical legal services & life care planning. Trained health coaches utilize Care at Hand, a tablet-based patient evaluation software program that automatically tailors questions that the patient answers to their specific health issues. It uses predictive analytics to avert hospitalizations. Alerts of changes in patient status are automatically sent to the Coordination Center, which triages which services are needed by the client (also aided by computer software). The aim is to prevent unwarranted hospitalizations and keep persons living and thriving in the community setting. The program reportedly saved three Maryland hospitals $2,676,259.00 in

avoided hospitalizations between November 2013 and October 2014 (Agency for Healthcare Research and Quality, 2014). [EB Program] [All Domains]

Located in a neighboring jurisdiction to DC, this program might warrant a closer look by DCOA to see what elements of the program might be adopted by DC in order to improve assignment and coordination of services in a pro-active rather than reactive manner, thus lowering overall costs of care by avoiding costly but ineffective interventions.

Eastern Virginia Care Transition Partnership (EVCTP)

EVCTP—comprised of five Area Agencies on Aging, five health systems and 69 skilled nursing facilities—combines medical and long-term home and community supports to reduce hospital readmissions and prolong quality life for patients living in their own homes. In addition to coaching, patients have access to enhanced services including transportation, home-delivered meals, in-home care and housing. EVCTP also helps created a seamless model of patient-centered care through enhanced agreements with hospitals for secure data sharing systems; trainings for governance, management and clinical teams; a single, centralized source for billing, tracking readmissions and other metrics; and integration into health systems' electronic health records and health information exchanges. The Centers for Medicare & Medicaid Services (CMS) have recognized EVCTP as a "top performer," with one of the largest and most successful care transitions intervention (CTI) programs in the nation. *Resource:* http://www.evctp.org/

Evidence is in….Healthy Living Programs Catch the eye of Managed Care Senior Whole Health (SWH), a managed care program for older adults in Massachusetts, recognized that members with multiple chronic conditions could benefit from self-management programs to reduce readmissions and overall medical costs. SWH "bought it rather than built it" by partnering with the Elder Services of the Merrimack Valley's Healthy Living Center of Excellence (HLCE), which has a centralized statewide infrastructure for program delivery. This statewide contract is the first of its kind. SWH reimburses HLCE for every participant who enrolls and completes an evidence-based program such as Chronic Disease Self-Management or Matter of Balance.
Resource: www.esmv.org

Gatekeeper Program

The Gatekeeper model has been applied nationally and internationally to train employees to identify and refer isolated, at-risk older adults residing in their own homes. These are elders who have little or no support system to act in their behalf as they experience serious difficulties that compromise their ability to live independently. Gatekeepers are nontraditional referral sources who come into contact with older adults or adults with disabilities through their everyday work or

activities and who are trained. They learn to identify red flags that may indicate someone is ill or in trouble or struggling and then refer the client's name to the proper place so there can be follow up and evaluation. *Resource:* multco.us/ads/gatekeeper-program

Healthy Seniors at Home

The Healthy Seniors at Home project provides frail seniors, who cannot attend sitebased classes offered by RIV AAA, access to chronic disease self-management training through an in-home information-sharing model. Volunteers for RIV AAA's Senior Companion Program (SCP) who also have a chronic condition, attend a sixweek Personal Action Toward Health (PATH) class and then share what they have learned with homebound seniors through a peer-to-peer information-sharing model. Quarterly in-service trainings and ongoing staff support ensure volunteers maximize program impact. This variation on the evidence-based PATH program developed by Stanford University brings critical support to frail elders each week by teaching them chronic disease self-management skills, while also providing muchneeded respite for their caregivers *Resource*: www.areaagencyonaging.org

Mediware's Harmony Suite

This program is used by human services agencies and managed care organizations for home- and community-based long-term care. The platform enables collaboration among states, local agencies, managed care organizations, service providers, and volunteer caregivers to more effectively coordinate services. This can enhance quality of care by increasing efficiency, enabling consumer-driven delivery models, and providing critical business intelligence to make the most of available funding sources. The program also ensures compliance with federal funding requirements, such as complex Medicaid waivers. From: https://www.mediware.com/ltss/

Medicare/ Medicaid Independence Project at Home Demonstration. Home-based primary care allows health care providers to spend more time with their patients, perform assessments in a patient's home environment, and assume greater accountability for all aspects of the patient's care. This focus on timely and appropriate care is designed to improve overall quality of care and quality of life for patients served, while lowering health care costs by forestalling the need for care in institutional settings.

The Independence at Home Demonstration builds on these existing benefits by providing chronically ill patients with a complete range of primary care services in the home setting. Medical practices led by physicians or nurse practitioners will provide primary care home visits tailored to the needs of beneficiaries with multiple chronic conditions and functional limitations. See https://innovation.cms.gov/initiatives/independence-at-home/

Medstar Washington Hospital Center Medical House calls Program

This is an entirely home-based primary geriatric care program with geriatric physicians and advance practice nurses who visit patients in their homes or in the extended care facilities. They have done studies indicating that the program has produced shared savings of 1 to 2 times what fee-for-service brings in, and have cut the hospital readmission rate by more than half. They are a Medicare/ Medicaid Independence at Home Demonstration Pilot practice as part of the Mid-Atlantic Consortium. This demonstration project provides chronically ill patients with a complete range of primary care services in the home setting. Savings to the Medicare/Medicaid Programs are shared with providers. Quality performance measures must be met in order to qualify for shared savings. In the year 2 analysis, Independence at Home Practices saved Medicare $10 million, or $1,010/beneficiary. The Mid-Atlantic Coalition alone saved $866,865 (Centers for Medicare & Medicaid Services, 2016). Two other house calls programs are present in DC, but are not formally a part of the Independence at Home Demonstration Project. [Domain 8]

The current house calls programs practicing within the District each serves an area geographically close to their sponsoring institution (i.e., NOT citywide), but all are willing to expand services citywide, with input of appropriate external resources.

Team San Diego

The program engages physicians, their office staff and community-based health and social service providers in a targeted training program to better coordinate health and social service programs for individuals with complex needs. Multiple providers who often rely on electronic communications learn to work together to coordinate care. By coordinating their communication, patient education and record-keeping methods, providers act as a multidisciplinary team without having to be co-located.
Resource: http://www.sandiegocounty.gov/hhsa/programs/ais/
Contact: San Diego County Aging & Independence Services

TeleCaring Program

This is a program within the Capital Caring Hospice Program which utilizes twice daily telephonic contact of all patients in the program by specially trained "TeleCaring Specialists" (not necessarily healthcare professionals) to pro-actively anticipate needs and mobilize appropriate resources in a timely fashion. This is a service on top of the traditional hospice interdisciplinary team visitation services. They have studied the efficacy, and found that the intervention has improved patient and family satisfaction with the program while lowering utilization of clinical services and decreasing clinical miles traveled (Davis, M.S., et al., 2015). [EB program] [Domain 8]

Although specifically developed for a hospice program, this intervention might be modifiable to serve the needs of chronically ill seniors and disabled persons in DC.

Domain 9: Legal Issues

Faith to Fate

The Faith to Fate (F2F) Advance Care Planning Initiative seeks to assist with end-oflife medical and property-asset legal questions and provide free wills, advance medical directives and powers of attorney to members of African-American congregations and their surrounding communities within the Greater Richmond Virginia Metro region. F2F addresses the lack of advance medical and legal planning among older African-American adults through a partnership between Senior Connections, three institutional partners, several volunteer legal partners and six area churches.

Contact: www.seniorconnections-va.org

Marin County Financial Abuse Specialist Team (FAST)

Collaboration between Marin County Division of Aging and Adult Services (DAAS) and the Elder Financial Protection Network (EFPN), a non-profit. This program assists representative payee clients, partners with staff on financial abuse investigations and provides community education.

Protective Money Management

Run entirely by trained volunteers, this program helps seniors with low income and people with disabilities who are unable to manage their financial affairs. The program is unique in emphasizing full representative payee services, using online banking, Quicken and other technology to help serve residents; and in combining services to both older adults and those with mental disabilities. *Resource:* www.rrcsb.org

Wills for Seniors

JABA hosts Wills for Seniors in conjunction with four teams of lawyers, law students and notary republics who volunteer their time to meet privately with seniors to prepare customized legal documents, including a will, a power of attorney and an advance medical directive. Materials on the process, schedule, documents used and more are ready and available for use by other agencies. *Resource*: www.jabacares.org

Domain 11: Food Security

Senior Nutrition Program Placement

Senior Nutrition Program placemats are an educational tool to boost awareness of healthy and affordable food options for low-income older adults. The placemats, which are available in English and Spanish and change monthly, aid seniors at congregate meal sites or who receive home-delivered meals by educating them on affordable, healthy food options. The placemats feature a recipe approved by VCAAA's registered dietitian using ingredients purchased at the "99 Cent Store." The back includes the phone number of a registered dietitian seniors can contact with

questions or to set up one-on-one nutritional counseling, as well as tips related to optimal aging, exercise, healthy living, senior scams and community resources. *Contact:* Ventura County Area Agency on Aging

Elderly Nutrition Food Box Program

The Elderly Nutrition Food Box addresses the need of elders on a fixed income who struggle to choose between food and medications or other bills each month. The program targets those at risk of malnutrition and who may have transportation difficulties. Each month all Hawkeye Valley older adults in the home-delivered meals program received a fifteen-meal food box. The food bank orders the food and arranges for volunteers to pack the boxes. The food bank delivers the meal boxes to senior centers who in turn find volunteers to distribute them to the home-delivered meal participants. *Resource:* www.nei3a.org

CHOICE in Missouri & CHAMPSS: Choosing healthy and appetizing meal plan solutions for seniors in San Francisco

Local restaurants and national restaurant chains, provide healthy meals for older adults. The average contribution is three times what is collected at senior centers. Surveys reveal that as a result participants are more aware of community resources, are using new resources, "living a healthier life" and are socializing more. *Contact:* San Francisco Department of Aging and Adults Services or Mid-East Area Agency on Aging (MEAAA)
Resource: https://www.selfhelpelderly.org/our-services/nutritionservices/champss

Heritage Pet Assistance Program

The Heritage 'Tails-a-Waggin' Pet Assistance Program helps older adults care for their companion pets. Because of limited income or a lack of transportation to get to a store, some frail seniors feed their home-delivered meals to their pets, creating nutrition problems for themselves. In addition to pet food, products include cat litter, litter boxes and puppy-training pads, which help seniors maintain a safer and more sanitary home environment.
Resource: www.kirkwood.edu/site/index.php?d=443

Domain 12: Caregivers

Caring for the Caregiver

Provides professional training to volunteers who then mentor family caregivers. "caregiver coaches" play an "enhanced good neighbor role" by helping often overwhelmed family caregivers understand their options and make informed decisions about caring for an older or disabled loved one in their own or their relative's home. The coaches become a stabilizing force and sounding board. a phone-based program.

Caregiver Training Coalition

Local agencies, including the AAA, the Caregiver Resource Center, the Adult Day

Health Care Center, Lifespan & Visiting Angels (for-profit home care agencies), Hospice, Meals on Wheels, and the County of Santa Cruz & Cabrillo College collaborated to put together a series of 8 classes for entry-level caregivers and/or family members, providing essential skills to the new caregiver and an introduction to the field for those seeking a career. The program uses regular extension class fees to cover instructor costs.

Caregiving MetroWest

CareGivingMetroWest.org provides family caregivers in 25 MetroWest Boston communities real-time information and interaction, including a clickable map that allows users to view location-specific resource listings, an interactive glossary of caregiving terms, a blog, an assessment tool and a "Wellness Wall" offering tips and advice.

Resource: http://www.caregivingmetrowest.org/

APPENDIX 15:. RESULTS INTEGRATED ACROSS SURVEY, INTERVIEW AND BEST PRACTICES PATHWAYS

https://cahh.gwu.edu/aging-programs-best-practices

Survey Pathway - SENIORS	**Survey Pathway - Providers**	**Interview Pathway – Aging Care Leaders**	**Example Best Practices See Best/Good Practices in Discussion, Appendix 14 & Website for details/citation**
Domain 1: Outdoor Spaces and Building *(Safe place to live, Safe sidewalks, Safe outdoor spaces)*			
• Most respondents rated these items as "Very Important": ***Safe place to live*** (92%), ***safe sidewalks*** (90%), and ***safe outdoor areas, such as parks*** (82%) • 62% reported ***not needing assistance in this domain***, • 22% reported ***not knowing how to access assistance***.	• Most providers rated these items as "Very Important": ***Safe place to live*** (100%), ***safe sidewalks*** (94%), and ***safe outdoor areas, such as parks*** (75%) • Comments highlighted lack of available affordable, ADA compliant housing in DC	Sidewalks identified as problem in discussion with DC Commission on Aging and question regarding sidewalks added to the survey tool	DC Parks RX Increase Park Usage- NYC
Domain 2: Transportation *(Transportation to healthcare related appointment, grocery store and other errands, senior center)*			
• More than half of respondents rated as "Very Important" ***transportation to healthcare*** (66%) and ***transportation to obtain groceries and run errands*** (56%) • Most reported not yet needing assistance with transportation • 16% reported ***not knowing how to access help in this area*** • 6% reported ***not being able to afford needed transportation***	Service Providers rated services generally as more important than respondents in Senior Survey, • 98% rated as "Very Important" ***transportation to healthcare*** • 89% rated as "Very Important" ***transportation to pick up groceries*** • These high importance ratings are closer to the importance placed on transportation by Seniors with Disability than by all seniors.	Difficulty with reliable transportation [HCPs]	Market Ride Transportation Reimbursement Escort Program Accessible Dispatch

Even higher proportion of Seniors with Disability rated these "Very Important" ***- transportation to healthcare*** (85%), ***to pick up groceries*** (71%), and ***to pick up medications*** (65%) Comments Q1 re: ***Biggest problem faced by DC Seniors:*** transp. identified most frequently	Challenges identified: insufficient vehicles, unreliable pick-up service, and inflexible scheduling. Creative solutions: using program funds to supply alternative transportation solutions to needy seniors.		
Survey Pathway - SENIORS	**Survey Pathway - Providers**	**Interview Pathway – Aging Care Leaders**	**Example Best Practices**
Domain 3: Housing, *i.e. Keeping warm or cool as the weather changes, Preventing falls and other accidents, Modifications to my home so that I can get around safely, Assistance with repairs and maintenance of my home or yard*			

Seniors listed as "Very Important" • ***Keeping warm or cool, depending on weather*** (71%) • ***Preventing falls*** (77%) • ***Assistance with repairs/ maintenance of home, yard*** (62%) • ***Modifications to the home to get around safely*** (Over 50%) Seniors with Disability rated these more highly than all seniors: • ***Prevention of falls and accidents*** (88%) • ***Keeping warm or cool as weather changes*** (79%) • ***Assistance with repairs/maintenance (***75%) • ***Modifications to home for safety*** (69%) Most didn't have current need, but 25% reported ***not knowing how to access*** or ***not being able to afford assistance in this area***	Service Providers rated as "Very Important" more frequently than did Seniors or Seniors with Disability: • ***Preventing falls and accidents*** (94%) • ***Keeping warm or cool as weather changes*** (94%) • ***Modification to the home for safety*** (89%) Challenges identified: long wait lists and times for housing, insufficient rental support, and lack of reliably available services	HC Professionals identified the following issues: • Lack of available, affordable housing • Need for ADA compliant housing options for frail and disabled in DC	DC Safe At Home Initiative EZ Fix Program Rent Increase Exemption program Free A/C Living Together Benefits Young People and Old Making Big Sense of Small Homes

Comments Q1 re: ***Biggest problem faced by DC Seniors:*** Housing issues rated among top 3 items			
Survey Pathway - SENIORS	**Survey Pathway - Providers**	**Interview Pathway – Aging Care Leaders**	**Example Best Practices**
Domain 4: Social Participation and Domain 5: Respect and Social Inclusion ***(Taking part in fun activities (crafts, music, games) with others like me, Getting the exercise that is good for me, Having someone to talk to when I'm lonely, A senior center that is close to my home)***			

• 79% of seniors rated as "Very• [DCSPARC Important" ***getting that is good for mesomeone*** • Over 50% of the time, rated "Very Important" otherrating the ***volunteering***, ***having***sub- ***having***Disability (63% Very ***a Senior Center close to*** and ***being able to attend***• • 20% of seniors reported	90% of providers rated ***exercise***"Very Important" ***to talk to when I'm***Community as***lonely***. (This is a much higher than in the SeniorCreative Aging analysis of Seniors ***home,***Important).Telephone Overall satisfaction withprogram ***not***low (< 1/3) ***knowing how to***	asWellness Centers are out of space ***having***Commission on Aging] Breakfast art courses activities, such withSiclovia/festivals (presence) reassurance ***religious services***services in this ***get service***	asRespondent survey or in ***someone to talk with,*** domain was
Domain 6: Civic Participation and Employment ***(Assistance with job training/ finding jobs)***			
• None of the items queried in this section were rated "Very Important" at the same level as previous domains • 41% of respondents rated as "Very Important" ***assistance with voting*** • 25% rated as "Very Important" ***assistance with job training*** and ***finding a job*** • 64% reported they were ***fully retired***, and only 7% reported ***working full time***, so not likely to need assistance with job	• Similar to responses in the Senior Survey none of the items queried in this section were rated "Very Important" at the same level as previous domains Challenges mentioned • Lack of job opportunities for non-tech savvy seniors • Need for more access to IT training for seniors	SSN Directors indicated older adults needed more opportunity for computer training	Senior Job Club Success Mentor Initiative Workforce Academy for Youth

Survey Pathway - SENIORS	Survey Pathway - Providers	Interview Pathway – Aging Care Leaders	Example Best Practices

Domain 7: Communication and Information, ***(Knowing what services are available, Where do you get your information, Assistance with applying for benefits)*** ***Who assists Seniors in need of assistance in Domains above***			
• 85% rate as "Very Important": ***Knowing what services are available*** • 23% reported not knowing how to get information • Most common sources of information: "Word of mouth" (43%), AARP (40%), DCOA and Senior Centers (34% and 39% respectively), and printed news (32%) • 25% of Seniors got their information from the Internet Common "Other" was Villages NOTE: Consistent across all Domains approximately 20% of Seniors don't know how to access information.	• 98% of providers indicated Knowing what services are available was "Very Important" (close to the 92% of Seniors with Disability who rated this as Very Important) • 85% indicating information/assistance applying for health insurance etc. as "Very Important" (A higher rating of importance than responses from both Seniors as a whole and Seniors with Disability) • Satisfaction with DCOA ~ 25% Challenges included lack of timely and knowledgeable responses from service providers and difficulty contacting service providers.	• Health care Professional Interviews: Several participants requested improved access to information about available DCOA services via several possible venues, i.e. o Online or print publication in onestop shop format; o Resource person at the DCOA offices to provide one-stop shop problem solving for individual patients; o Pamphlet and/or periodic newsletter; on-site (at their practice sites) o Presentations and training; [Domain 7] • Jointly plan/execute education for healthcare providers and public on various topics, i.e. advance care planning, DCOA services and community programs; [Domain 7 & 8] • People receiving services from DCOA Service Network are unaware of funding by DCOA [DC Commission on Aging] **Research:** DCOA website is a centralized location for providing information. With numerous DC initiatives, reports, service offerings, and events to market the ability to distill information, as a consumer presents a challenge to older adults.	Virtual Senior Centers Model, National Institute of Health The Coordinating Center Anne Arundel County, MD Mediware Harmony suite

Survey Pathway - SENIORS	Survey Pathway - Providers	Interview Pathway – Aging Care Leaders	Example Best Practices
Domain 8: Community and Health Services *i.e., Assistance keeping my home clean, Assistance with personal care or bathing, Assistance with laundry, Assistance with prescription medicines, Assistance with controlling pests, such as bed bugs, rats, etc.*			
• Over 59% rated as "Very Important": ***Assistance keeping my home clean*** • 41% rated as "Very Important": ***Assistance with personal care*** • 48% and 36% respectively rated as "Important": ***assistance with paying for medications*** and ***taking medications***	• Over 80% of Providers rated as "Very Important": ***Assistance with paying for medications, having help with prescriptions, assistance with controlling pests,*** and ***assistance with personal care*** • This was a higher rating of importance than either Seniors as a whole, or Seniors with Disability as a subset of survey respondents • 20-33% indicated a fairly high dissatisfaction with services in this category Challenges included limited availability, long wait times, overly strict requirements for obtaining services, and shortage of competent providers	• Health Care Professional Interviews indicated lack of access to in-home personal care for multiple reasons: ○ Inability to pay (especially for those "stuck in the middle" who can't afford to private pay but don't qualify for Medicaid or Medicaid Waiver Services ○ Prolonged time to arrange inhome services (e.g., not available at the time needed) due to prolonged processing and shortage of personnel • Difficulty with placing seniors in nursing homes, especially those without skilled needs or requisite 3day hospital stay to qualify for Medicare services in a skilled nursing facility • Recommended DCOA work with current in-home primary care geriatric practices to expand services • Need for increased inter-professional/ interdisciplinary provision of services (i.e., not just social workers) • Need for point-of-service electronic information input • Need for more focus on chronic disease management	Medicare/Medicaid Independence at Home Demonstration Mediware's Harmony suite Geriatric Advance Practice Nurse to bridge social, medical service, educ., consultation Sibley 60+ Club TEAM SAN DIEGO Healthy Seniors at Home Eastern Virginia Care Transitions Partnership The Evidence Is In...Healthy Living Program Catch Eye of Managed Care Gatekeeper Program Community Paramedicine Program and Community Palliative Care Program Safe at Home

Survey Pathway - SENIORS	Survey Pathway - Providers	Interview Pathway – Aging Care Leaders	Example Best Practices
Domain 10: Legal Issues **(*Assistance making choices about future medical care and end-of-life decisions, Someone to protect my rights, safety, property or dignity, Someone to call when I feel threatened or taken advantage of, Someone to help prepare my will, legal documents)***			
• Over 60% rated as "Very Important": ***Assistance with choices for future medical care, someone to protect my rights, safety, property, or dignity Someone to call when I feel threatened or taken advantage of***	• Over 75% of the time Service Providers rated all items in this domain as "Very Important". • This was closer to the range of ratings from 70% to 82.5% for Seniors with Disability Challenges included insufficient finances, seniors' unwillingness to report abuse, inadequate access to needed services, and lack of responsiveness from Adult Protective Services	• Perception by Healthcare providers that APS response capacity is inadequate • DC MOLST initiative is not funded. Needs to be funded and implemented	Wills for Seniors Protective Money Management Faith to Fate: A Faith-Based Advance Care Planning Initiative for Underserved Communities Marin County Financial Abuse Specialist Team (FAST) POLST/ MOLST Initiatives
Domain 11: Food Security, **(*Having a meal with my friends or other seniors like me, Information on how to eat healthy, Having someone bring a meal to my home every day)***			
• 2 items most frequently rated as "Very Important": ***Information on how to eat healthy*** (65%) and ***Being able to afford food*** (64%) • 67% reported not needing assistance in this area For Seniors with Disability, rated "Very Important" by 80% for ***Being able to afford enough food*** and 60% for ***Having meals brought to or prepared in the home***	• Over 95% rated as "Very Important": ***Being able to afford enough food***, • 70% rated as "Very Important": ***Having meals brought to or prepared in the home***	DC Seniors may lack pots/ pans, stoves, refrigeration, etc.	Senior Nutrition Program Placemats Elderly Nutrition Food Box Program CHAMPSS: Choosing Healthy and Appetizing Meal Plan Solutions for Seniors in San Francisco / Choice Heritage Pet Assistance Program

Survey Pathway - SENIORS	Survey Pathway - Providers	Interview Pathway – Aging Care	Example Best Practices

		Leaders	

<table>
<tr><th colspan="4">Domain 12: Caregivers (Assistance for the people who help you)</th></tr>
<tr>
<td>
• 64% rated as “Very Important” Caregivers having access to information on where to get additional help and support
• 50% indicated it was “Very Important” to have assistance for the people who help them
• 25% don’t know how to get help
• Open-ended comments:
○ Majority of the suggestions included monetary help to caregivers
○ Need respite for caregivers ○ Importance of easy access to one-stop information to guide them in their caregiving activities
○ Advocated a “no wrong door” for obtaining info.
○ Caregiving education ○ Increased pay ○ Training in English language proficiency
○ Help with transp. expense
○ Access to health benefits
</td>
<td>
• When asked what is the most important service for caregivers of seniors or seniors who are caregivers (free text response), the most frequent response was “respite care”
• 72-82% of the time rated as “Very Important” the items related to caregiver support, which closely mirrored the 7381% range of ratings “Very Important” by Seniors with Disability

Challenges included lack of timely response to request for assistance, lack of available services for homebound seniors, caregiver burnout, and lack of available resources.
</td>
<td>
SAC Nutrition Subcommittee Recommends:
• Home-delivered meals as part of EPD waiver
• Investigate home delivered groceries and CSAs
• Develop Nutritional Supplement Bank CAFB
• Transition nutrition care when discharging hospital to home
</td>
<td>
Caring for the Caregiver

Caregiver Training Coalition

Caregiving MetroWest
</td>
</tr>
<tr><td colspan="4">Cross-cutting topics</td></tr>
<tr><td colspan="4">
Who helps you with this? (From Senior Survey)
• Over 50% across all domains: Family
• Friends: generally around 25%
• Others included DCOA, Wellness Centers, DCOA, Contractors, Villages
• 10% do not know who they would call if needing assistance across all domains
</td></tr>
</table>

Suggestions from providers:

- DCOA convene stakeholders conference to review needs assessment and plan service delivery options [HCP]
- Providers recommended collaboration to pool resources in all domains
- Providers recommended offering education for seniors, caregivers, and care providers across all domains

APPENDIX 15: RESULTS INTEGRATED ACROSS SURVEY, INTERVIEW AND BEST PRACTICES PATHWAYS

The following table illustrates the common needs and opportunities that were identified across the 3 major pathways of information developed in this study, i.e. surveys, interviews and best practices. This analysis culminated in the recommendations discussed in an earlier section. Details of Best Practices in column 4 are described in Appendix 14 and a comprehensive listing is located at https://cahh.gwu.edu/aging-programs-best-practices

Survey Pathway - SENIORS	Survey Pathway - Providers	Interview Pathway – Aging Care Leaders	Best Practices: Details at Appendix 14 and Website
Domain 1: Outdoor Spaces and Building *(Safe place to live, Safe sidewalks, Safe outdoor spaces)*			
• Most respondents rated these items as "Very Important": ***Safe place to live*** (92%), ***safe sidewalks*** (90%), ***safe outdoor areas, e.g. parks*** (82%) • 62% reported ***not needing assistance in this domain***, • 22% reported ***not knowing how to access assistance***.	• Most providers rated these items as "Very Important": ***Safe place to live*** (100%), ***safe sidewalks*** (94%), and ***safe outdoor areas, such as parks*** (75%) • Comments highlighted lack of available affordable, ADA compliant housing in DC	Sidewalks identified as problem in discussion with DC Commission on Aging and question regarding sidewalks added to the survey tool	DC Parks RX Increase Park Usage- NYC
Domain 2: Transportation ***(Transportation to healthcare related appointment, grocery store and other errands, senior center)***			
• More than half of respondents rated as "Very Important" ***transp. to healthcare*** (66%) and ***transp. to obtain groceries & run errands*** (56%) • Most reported ***not yet needing assistance with transportation*** • 16% reported ***not knowing how to access help in this area*** • 6% reported ***not being able to afford needed transportation*** Even higher proportion of Seniors with Disability rated "Very Important" ***- transp. to healthcare*** (85%), ***to pick up groceries*** (71%), and ***to pick up medications*** (65%) Comments Q1: ***Biggest problem faced by DC Seniors:*** transp.most frequent	Service Providers rated services generally as more important than respondents in Senior Survey, • 98% rated as "Very Important" ***transportation to healthcare*** • 89% rated as "Very Important" ***transportation to pick up groceries*** • These high importance ratings are closer to the importance placed on transportation by Seniors with Disability than by all seniors. Challenges identified: insufficient vehicles, unreliable pick-up service, and inflexible scheduling. Creative solutions: using program funds to supply alternative transportation solutions to needy seniors.	Difficulty with reliable transportation [HCPs]	Market Ride Transportation Reimbursement Escort Program Accessible Dispatch

Survey Pathway - SENIORS	Survey Pathway - Providers	Interview Pathway – Aging Care Leaders	Example Best Practices
Domain 3: Housing, *i.e. Keeping warm or cool as the weather changes, Preventing falls and other accidents, Modifications to my home so that I can get around safely, Assistance with repairs and maintenance of my home or yard*			
Seniors listed as "Very Important" • ***Keeping warm or cool, depending on the weather*** (71%) • ***Preventing falls*** (77%) • ***Assistance with repairs and maintenance of home and yard*** (62%) • ***Modifications to the home to get around safely*** (Over 50%) Seniors with Disability rated these more highly than all seniors: • ***Prevention of falls and accidents*** (88%) • ***Keeping warm or cool as weather changes*** (79%) • ***Assistance with repairs/maintenance (***75%) • ***Modifications to home for safety*** (69%) Most did not have a current need, but nearly 25% reported ***not knowing how to access assistance*** or ***not being able to afford assistance in this area*** Comments from open-ended Q1 re: ***Biggest problem faced by DC Seniors:*** Housing issues rated among top 3 items identified	Service Providers rated as "Very Important" more frequently than did Seniors or Seniors with Disability: • ***Preventing falls and accidents*** (94%) • ***Keeping warm or cool as weather changes*** (94%) • ***Modification to the home for safety*** (89%) Challenges identified: long wait lists and times for housing, insufficient rental support, and lack of reliably available services	HC Professionals identified the following issues: • Lack of available, affordable housing • Need for ADA compliant housing options for frail and disabled in DC	DC Safe At Home Initiative EZ Fix Program Rent Increase Exemption program Free A/C Living Together Benefits Young People and Old Making Big Sense of Small Homes

Survey Pathway - SENIORS	Survey Pathway - Providers	Interview Pathway – Aging Care Leaders	Example Best Practices

Domain 4: Social Participation and Domain 5: Respect and Social Inclusion *(Taking part in fun activities (crafts, music, games) with others like me, Getting the exercise that is good for me, Having someone to talk to when I'm lonely, A senior center that is close to my home)*			
• 79% of seniors rated as "Very Important" ***getting exercise that is good for me*** • Over 50% of the time, rated as "Very Important" other activities, such as ***volunteering***, ***having someone to talk with, having a Senior Center close to home,*** and ***being able to attend religious services*** • 20% of seniors reported ***not knowing how to get service***	• 90% of providers rated as "Very Important" ***having someone to talk to when I'm lonely***. (This is a much higher rating than in the Senior Respondent survey or in the sub-analysis of Seniors with Disability (63% Very Important). • Overall satisfaction with services in this domain was low (< 1/3)	Wellness Centers are out of space [DC Commission on Aging]	SPARC Community Breakfast Creative Aging art courses Siclovia/festivals (presence) Telephone reassurance program
Domain 6: Civic Participation and Employment *(Assistance with job training/ finding jobs)*			
• None of the items queried in this section were rated "Very Important" at the same level as previous domains • 41% of respondents rated as "Very Important" ***assistance with voting*** • 25% rated as "Very Important" ***assistance with job training*** and ***finding a job*** • 64% reported they were ***fully retired***, and only 7% reported ***working full time***, so not likely to need assistance with job	• Similar to responses in the Senior Survey none of the items queried in this section were rated "Very Important" at the same level as previous domains Challenges mentioned • Lack of job opportunities for nontech savvy seniors • Need for more access to IT training for seniors	SSN Directors indicated older adults needed more opportunity for computer training	Senior Job Club Success Mentor Initiative Workforce Academy for Youth

Survey Pathway - SENIORS	Survey Pathway - Providers	Interview Pathway – Aging Care Leaders	Example Best Practices

Domain 7: Communication and Information, ***(Knowing what services are available, Where do you get your information, Assistance with applying for benefits)*** ***Who assists Seniors in need of assistance in Domains above***			
• 85% rate as "Very Important": ***Knowing what services are available*** • 23% reported not knowing how to get information • Most common sources of information: "Word of mouth" (43%), AARP (40%), DCOA and Senior Centers (34% and 39% respectively), and printed news (32%) • 25% of Seniors got their information from the Internet Common "Other" was Villages NOTE: Consistent across all Domains approximately 20% of Seniors don't know how to access information.	• 98% of providers indicated Knowing what services are available was "Very Important" (close to the 92% of Seniors with Disability who rated this as Very Important) • 85% indicating information/assistance applying for health insurance etc. as "Very Important" (A higher rating of importance than responses from both Seniors as a whole and Seniors with Disability) • Satisfaction with DCOA ~ 25% Challenges included lack of timely and knowledgeable responses from service providers and difficulty contacting service providers.	• Health care Professional Interviews: Several participants requested improved access to information about available DCOA services via several possible venues, i.e. ○ Online or print publication in one-stop shop format; ○ Resource person at the DCOA offices to provide one-stop shop problem solving for individual patients; ○ Pamphlet and/or periodic newsletter; on-site (at their practice sites) ○ Presentations and training; [Domain 7] • Jointly plan/execute educational for healthcare providers and public on various topics, i.e. advance care planning, DCOA services and community programs; [Domain 7 & 8] • People receiving services from DCOA Service Network are unaware of funding by DCOA [DC Commission on Aging] **Research:** DCOA website is a centralized location for providing information. With numerous DC initiatives, reports, service offerings, and events to market the ability to distill information as a consumer presents a challenge to older adults.	Virtual Senior Centers Model, National Institute of Health The Coordinating Center Anne Arundel County, MD Mediware Harmony suite

Survey Pathway - SENIORS	Survey Pathway - Providers	Interview Pathway – Aging Care Leaders	Example Best Practices
Domain 8: Community and Health Services *i.e., Assistance keeping my home clean, Assistance with personal care or bathing, Assistance with laundry, Assistance with prescription medicines, Assistance with controlling pests, such as bed bugs, rats, etc.*			

• Over 59% rated as "Very Important": ***Assistance keeping my home clean*** • 41% rated as "Very Important": ***Assistance with personal care*** • 48% and 36% respectively rated as "Important": ***assistance with paying for medications*** and ***taking medications***	• Over 80% of Providers rated as "Very Important": ***Assistance with paying for medications, having help with prescriptions, assistance with controlling pests,*** and ***assistance with personal care*** • This was a higher rating of importance than either Seniors as a whole, or Seniors with Disability as a subset of survey respondents • 20-33% indicated a fairly high dissatisfaction with services in this category Challenges included limited availability, long wait times, overly strict requirements for obtaining services, and shortage of competent providers	• Health Care Professional Interviews indicated lack of access to in-home personal care for multiple reasons: ○ Inability to pay (especially for those "stuck in the middle" who can't afford to private pay but don't qualify for Medicaid or Medicaid Waiver Services ○ Prolonged time to arrange inhome services (e.g., not available at the time needed) due to prolonged processing and shortage of personnel • Difficulty with placing seniors in nursing homes, especially those without skilled needs or requisite 3-day hospital stay to qualify for Medicare services in a skilled nursing facility • Recommended DCOA work with current in-home primary care geriatric practices to expand services. • Need for increased inter-professional/ interdisciplinary provision of services (i.e., not just social workers) • Need for point-of-service electronic information input • Need for more focus on chronic disease management	Medicare/Medicaid Independence at Home Demonstration Mediware's Harmony suite Geriatric Advance Practice Nurse to bridge social, medical service, educ., consultation Sibley 60+ Club TEAM SAN DIEGO Healthy Seniors at Home Eastern Virginia Care Transitions Partnership The Evidence Is In...Healthy Living Program Catch Eye of Managed Care Gatekeeper Program Community Paramedicine Program and Community Palliative Care Program Safe at Home

Survey Pathway - SENIORS	Survey Pathway - Providers	Interview Pathway – Aging Care Leaders	Example Best Practices

Domain 10: Legal Issues (*Assistance making choices about future medical care and end-of-life decisions, Someone to protect my rights, safety, property or dignity, Someone to call when I feel threatened or taken advantage of, Someone to help prepare my will, legal documents)*			
• Over 60% rated as "Very Important": ***Assistance with choices for future medical care, someone to protect my rights, safety, property, or dignity Someone to call when I feel threatened or taken advantage of***	• Over 75% of the time Service Providers rated all items in this domain as "Very Important". • This was closer to the range of ratings from 70% to 82.5% for Seniors with Disability Challenges included insufficient finances, seniors' unwillingness to report abuse, inadequate access to needed services, and lack of responsiveness from Adult Protective Services	• Perception by Healthcare providers that APS response capacity is inadequate • DC MOLST initiative is not funded. Needs to be funded and implemented	Wills for Seniors Protective Money Management Faith to Fate: A Faith-Based Advance Care Planning Initiative for Underserved Communities Marin County Financial Abuse Specialist Team (FAST) POLST/ MOLST Initiatives
Domain 11: Food Security, (***Having a meal with my friends or other seniors like me, Information on how to eat healthy, Having someone bring a meal to my home every day)***			
• 2 items most frequently rated as "Very Important": ***Information on how to eat healthy*** (65%) and ***Being able to afford food*** (64%) • 67% reported not needing assistance in this area For Seniors with Disability, rated "Very Important" by 80% for ***Being able to afford enough food*** and 60% for ***Having meals brought to or prepared in the home***	• Over 95% rated as "Very Important": ***Being able to afford enough food***, • 70% rated as "Very Important": ***Having meals brought to or prepared in the home***	DC Seniors may lack pots/ pans, stoves, refrigeration, etc.	Senior Nutrition Program Placemats Elderly Nutrition Food Box Program CHAMPSS: Choosing Healthy and Appetizing Meal Plan Solutions for Seniors in San Francisco / Choice Heritage Pet Assistance Program

Survey Pathway - SENIORS	Survey Pathway - Providers	Interview Pathway – Aging Care Leaders	Example Best Practices

Domain 12: Caregivers *(Assistance for the people who help you)*			
• 64% rated as "Very Important" ***Caregivers having access to information on where to get additional help and support*** • 50% indicated it was "Very Important" to ***have assistance for the people who help them*** • 25% don't know how to get help • Open-ended comments: ○ Majority of the suggestions included monetary help to caregivers, increased pay ○ Need respite for caregivers ○ Importance of easy access to one-stop info to guide caregiving activities ○ Advocated a "no wrong door" for obtaining info. ○ Caregiving education ○ Training in English language proficiency ○ Help with transp. expense ○ Access to health benefits	• When asked what is the most important service for caregivers of seniors or seniors who are caregivers (free text response), the most frequent response was "respite care" • 72-82% of the time rated as "Very Important" the items related to caregiver support, which closely mirrored the 7381% range of ratings "Very Important" by Seniors with Disability Challenges included lack of timely response to request for assistance, lack of available services for homebound seniors, caregiver burnout, and lack of available resources.	**SAC Nutrition Subcommittee Recommends:** • Home-delivered meals as part of EPD waiver • Investigate home delivered groceries and CSAs • Develop Nutritional Supplement Bank CAFB • Transition nutrition care when discharging hospital to home	Caring for the Caregiver Caregiver Training Coalition Caregiving MetroWest
Cross-cutting topics			
Who helps you with this? (From Senior Survey) • Over 50% across all domains: Family • Friends: generally around 25% • Others included DCOA, Wellness Centers, DCOA, Contractors, Villages • 10% do not know who they would call if needing assistance across all domains			
Suggestions from providers: • DCOA convene stakeholders conference to review needs assessment and plan service delivery options [HCP] • Providers recommended collaboration to pool resources in all domains • Providers recommended offering education for seniors, caregivers, and care providers across all domains			